A Course of Lectures
ON THE
ANATOMY AND SURGERY OF THE HUMAN FOOT.

Delivered at the Royal College of Surgeons of England in June, 1866,

BY HENRY HANCOCK, ESQ., F.R.C.S.,
SURGEON TO CHARING-CROSS HOSPITAL, AND
PROFESSOR OF SURGERY IN THE ROYAL COLLEGE OF SURGEONS.

LECTURE V.—PART II.

SUBASTRAGALOID amputation appears to have been performed up to this time in twenty-two cases. By M. Malgaigne six times, by M. Maisonneuve once, by M. Nélaton once. M. Vacquez has collected nine other cases, all of which are stated to have terminated favourably. In Scotland, Dr. John Traill, of Arbroath, performed it once successfully. In England, Mr. John Simon has performed it twice, once successfully, and in the other case the patient died at the end of a fortnight of tetanus. Mr. Garner, of Stoke-upon-Trent, operated in one case, but he does not report favourably. And, lastly, I performed it once, in 1864, successfully.

Thus we have three amputations connected with the ankle-joint: first, Syme's, removing all the bones of the foot, furnishing an excellent stump, but the shortest limb; Pirogoff's, removing all the bones of the foot except the tuberosity of the os calcis, also supplying an excellent stump, and a limb as much longer as the quantity of os calcis preserved; and, lastly, the subastragaloid amputation, by which the astragalus and ankle-joint are saved, and an equally good stump and length of limb are bestowed on the patient as by Pirogoff's method. Good, however, as the subastragaloid amputation may be, and satisfactory as have been the results in the case just related, it has seemed to me to be capable of improvement in two essential points—namely, first, in the length of the limb, and, secondly, in the amount of leverage afforded by the astragalus for the artificial foot, and the consequent effects upon the movements of the ankle-joint. It therefore struck me that cases might occur in which, whilst the astragalus remained sound, disease or accident involving the other tarsal bones might only extend to the anterior portion of the os calcis; as in the first of the cases of Mr. H. Budd, of Worcester, in which the astragalus and os calcis alone remained uninjured, and the sound integuments were too scant to admit of a Chopart's amputation; and that in such cases a modification of subastragaloid and Pirogoff's amputation might be beneficially introduced to the notice of the profession. I proposed, in fact, to leave the ankle-joint intact, to remove the head and under surface of the astragalus, and, removing the whole of the os calcis with the exception of its posterior third, to bring that portion and adapt it by its cut surface to the under surface of the astragalus. On mentioning my views to my colleague, Mr. Canton, he not only entered into them warmly, but, with that courtesy for which he is proverbial, offered me the first case which he might have to which the proceeding could be applied. He kept his promise, and by his great generosity I am now enabled to present you, not merely with a theoretical description, but with a living proof of the success of an operation which has never, I believe, been performed before, either in this or in any other country.

The patient, aged twenty-four, a native of Ayrshire, about twenty years ago, during the winter, observed that his great toe became swollen and inflamed. He did not attach much importance to this at the time, as others of his family had their feet and toes similarly affected, caused, as it was supposed, by frost; therefore no especial notice was taken of his condition until the others had got better. After continuing some time in this swollen state, matter formed, which discharged by three openings, all, as it were, connected interiorly. It next suppurated at three places on the back of the foot, extending in a straight line from the great toe as far as the instep. Under treatment, however, these parts gradually healed up, and have remained so. For a considerable time, it might be two or three years, the disease was confined to the toe, and the peculiar excrescence was formed and gradually increased, but gave him little pain, so that he could go to school, or do what he was able about a farm of ninety acres which his father tenanted, with slight inconvenience, although there was always more or less discharge. The next suppuration was towards the outside of the foot and near to the toes: it gradually formed into an excrescence similar to that on the toe, but was removed by means of caustic, after which it quite healed up. By-and-by, however, new wounds were formed round where the others had been, which remained until the operation. About twelve years ago the disease in the sole of the foot commenced, and since that period there have been several abscesses on the leg at different times and in various places, all of which, after festering, soon got well under treatment, and there has been no disease save that in the foot for several years. Until the last two years the disease had not materially interfered with his walking, but since then it has become much more troublesome from an acute pain in the region of the heel and ankle. He has always lived in the country, and enjoyed pretty good health except when matter was forming. He is the youngest of six sons, and has two sisters younger than himself, all healthy and strong. His father died at the age of seventy-six, and his mother is still alive, and the relations of both are strong and healthy people. In the winter of 1864-5 the little finger of the hand on the same side as the diseased foot became similarly affected, and has remained so ever since.

When admitted into Charing-cross Hospital the patient presented a well-marked example of the fair variety of scrofula. The foot was generally swollen and somewhat distorted. The soft parts have a brawny hardness. The great toe is so enlarged and misshapen as to appear elephantoid. In front of the ankle-joint, and particularly on the dorsum of the foot, there are many larger or smaller ulcerated openings, which give issue to a strumous form of pus, without, however, such odour as would indicate the existence of diseased bones, nor does examination with a probe show that these latter are affected. All the joints seem to be perfect, and it gave him no pain or inconvenience when they were moved.

No plan of treatment, either local or general, having ever been of any avail, it was decided that the disease should be removed by operation; and, as I have before said, Mr. Canton most kindly allowed me to carry out my proposition, assisted by himself and my two other colleagues, Messrs. Hird and Barwell.

The patient having been placed under the influence of chloroform by Mr. Marshall, I commenced an incision beneath and at the posterior angle of the external malleolus, and carried it forwards along the outer border of the foot to a point about half an inch anterior to the projecting base of the fifth metatarsal bone. I then made a second incision along the inner border of the foot, commencing posteriorly about the centre and beneath the internal malleolus, and terminating anteriorly at a spot corresponding to the termination of the external incision, and then united the two by a third and semilunar incision, carried, with its convexity directed towards the toes, across the front of the sole of the foot well down to the bones. Reflecting this flap back as far as the projections on the under surface, and in front of the tuberosity of the os calcis, I carried a fourth incision across the dorsum of the foot, immediately behind the head of the astragalus. Then, applying a saw upon the under surface of the os calcis as far back as I could, I cut through the bone obliquely from below upwards and backwards. Next, resuming my knife, I entered the medio-tarsal articulation, and, passing the instrument under the head of the astragalus, and cutting from before backwards, in the direction of the anterior articulating surface on the os calcis, divided the interosseous ligament, and detached the front of the foot. I then sawed off the head of the astragalus, and with a pair of bone cutters (curved on the flat) removed the two articular cartilages on the under surface of this bone, and securing the two plantar arteries, thus completed the operation. The flaps were brought together by three wire sutures in front, the lower angles of the wound being left open. The patient has gone on remarkably well ever since. There has been no suppuration in the course of the tendons, no secondary hæmorrhage, nor any constitutional disturbance. A very few days after the operation he said he was much more comfortable than he was before it was per-

formed. He is now waiting in an adjoining room that you may examine him for yourselves; and, as I believe the operation to be original, I have ventured to designate it in the table before you as my own.

Placed between the lower end of the tibia and the foot, destined not only to sustain the weight of the body and to transmit it to the foot, but to effect this under all circumstances and at all angles, unaided by muscular attachments, connected posteriorly with the os calcis by ligaments only, and but loosely in front with the almost plain surface of the scaphoid bone, and allowed a considerable amount of motion, it is not surprising that the astragalus should frequently be displaced, that such displacements should occur in almost every direction, and that it should sometimes be isolated from its natural situation altogether; that it should cling to the tarsal bones, on the one hand, and allow the bones of the leg to be separated from it, on the other; that it should cling to the latter itself and desert the former.

Mr. Turner, of Manchester, the great English authority on dislocations of the astragalus, enumerates eight varieties as to direction—namely, forwards, inwards, outwards, backwards, forwards and inwards, forwards and outwards, outwards and upwards, and outwards, downwards and backwards. He also classifies dislocations of the astragalus under two heads—partial and complete, subdividing the latter into direct and indirect, and both into simple, compound, and complicated—i. e., with fracture. In all these varieties the head of the astragalus has left the scaphoid cavity; but on the table before us we have a preparation belonging to my colleague, Mr. Canton, in which the displacement is confined to the body of the bone, its head remaining *in situ*. The preparation was taken from a body sent in for dissection; the symptoms during life or the nature of the accident therefore could not be ascertained; but the form of displacement is so unusual that I would fain refer you for an account of the dissection of the part to Mr. Canton's work "Surgical and Pathological Observations."

In the year 1844 I read a paper before the Medico-Chirurgical Society directing attention to a very rare form of accident—namely, "Dislocation of the Astragalus with the lower ends of the Tibia and Fibula inwards." At that period, although I took great pains in the matter, I could only meet with the accounts of three cases of a similar nature.

Case 1 is related by the late Sir A. Cooper. "Here," he says, "the protuberance of the os calcis had nearly disappeared; but the os calcis laterally, and on the outer side, projected much beyond the outer malleolus, under which, however, was a remarkable depression. Just below the inner malleolus was a remarkable and unnatural projection: the whole foot seemed somewhat displaced outwards, the toes turning out. The dislocation was reduced, and the patient recovered."

Case 2 is described by Dupuytren as "a fracture of the fibula, with dislocation of the foot inwards." The inner malleolus with the astragalus projected inwards; the foot was thrown outwards, with a considerable cavity in the situation of the external malleolus. The dislocation was never reduced.

Case 3 is that of the preparation before you, taken from an old man who, two years before his death, fell down stairs and dislocated his ankle. The dislocation was never reduced, and the patient could only walk with the aid of a stick. The late Mr. Howship, who attended him at the time of his death, relates that at that time the axis of the tibia was directed inwards and forwards, the foot projecting externally with the sole looking downwards. There was a considerable projection of the inner malleolus, with fulness and swelling of the outer ankle. The preparation shows that the astragalus, with the lower ends of the tibia and fibula, had been thrown inwards, the lower and posterior portion of the external malleolus resting on the superior and internal surface of the protuberance of the os calcis immediately in front of the insertion of the tendo Achillis. The tibia, fibula, and astragalus are anchylosed together, and are united by a similar process to the os calcis. The direction of the astragalus is completely reversed, now being from behind forwards and outwards, but its head remaining articulated with the scaphoid bone. Obliteration of the astragaloid cavity has commenced by the deposition of ossific matter on the posterior articulating surface. The calcis is somewhat separated from the cuboid bone. At the lower end of the fibula is a remarkable hook-like process of newly formed bone, placed at the anterior margin of the external malleolus, with a groove or canal directed from behind forwards for the lodgment of the tendons of the peronei muscles, which, having been deprived of their normal support by the displacement of the fibula, were thus adapted to the altered relation of parts. The bones of the great toe are drawn inwards, in all probability from the tendon of the flexor longus pollicis having been kept for so long a period upon the stretch.

The following are the particulars of my own case:—

J. M——, a strong, healthy man, aged twenty-four, admitted under my care into Charing-cross Hospital on Saturday evening, 5th December, 1840. I saw the man on the following Monday. The fibula was fractured at about three inches above the external malleolus; the axis of the tibia, instead of falling on the centre of the foot, was thrown inwards and slightly forwards, giving the leg the appearance of being twisted in that direction. The position and direction of the foot were not materially altered, excepting that it projected greatly outwards and the toes turned slightly outwards; but its dorsum looked directly upwards, as in the natural condition. Carrying my finger along the outer border from the heel forwards, I could feel the anterior extremity of the os calcis uniting with the cuboid very distinctly, whilst above was a considerable cavity in place of the prominence formed by the astragalus and external malleolus. I could likewise, by pressing my finger along the dorsum of the foot, distinguish a cavity behind the posterior margin of the scaphoid bone. On the inner side of the foot was a prominence corresponding to the internal malleolus, of which the lower margin could be distinctly defined; and anteriorly and inferiorly another projection, more prominent, evidently caused by the head of the astragalus, over which the skin was tense, thin, and vesicated. The distance between the lower end of the inner malleolus and the sole of the foot was diminished about an inch. The ankle-joint was still capable of flexion and extension, and there was considerable motion in the centre of the foot corresponding to the calcaneo-cuboidal articulation, forming as it were a double joint. From the projection outwards of the foot, the direction of the tibia (downwards and inwards), the situation of the projections on the inner side of the foot, the cavities on its upper and outer surfaces, the absence of the external malleolus, the increased pliability of the centre of the foot, the integrity of the ankle-joint, and the different measurements already described, I concluded that the astragalus had been forced from without inwards from the upper surface of the os calcis, carrying with it the lower ends of the tibia and fibula; and I consequently designate the accident a dislocation of the astragalus with the lower ends of the tibia and fibula inwards, as denoting the parts actually displaced. After considerable difficulty I succeeded in reducing the dislocation; but three days afterwards the integuments over the point of pressure sloughed, as did subsequently the internal calcaneo-scaphoid ligaments. The astragalus, thus no longer restrained, gradually twisted round upon the os calcis, until at length a large portion of its head projected through the wound. I therefore with a saw removed the protruding portion, and the patient recovered and left the hospital seven months after the accident. I saw him four years afterwards. He could then walk without stick or artificial support of any kind, and was able to do his work at Messrs. Combe and Delafield's brewery as well as ever.

I believe that I was the first to point out the true character of this accident, which, as we have seen, is one of very unusual occurrence. It is certainly very gratifying to find one's labours appreciated. I have the double gratification of finding my labours not only appreciated by M. Vidal de Cassis, but appropriated by him word for word in his "Pathologie Externe," without the slightest acknowledgment of the source whence he obtained his information. And I have the additional gratification of finding an old friend and pupil publishing a paper upon this same accident, and quoting M. Vidal de Cassis as the great authority on the subject.

The learned translator of Chelius despatches me in his usual characteristic style: "Hancock's case seems to have been a simple dislocation of the heel and navicular bones outwards." He does not inform us how he arrived at this conclusion, but perhaps when he favours the profession with a second edition he may be induced to do so. For my part, I laboured under the impression that the bone dislocated was the bone displaced, not that which retained its natural position and connexions.

In the *Medical Times* of 1845–46 we read of a patient taken to Guy's Hospital labouring under simple dislocation of the astragalus from the calcis and scaphoid, retaining its connexion with the tibia and fibula without fracture of these bones. All attempts at reduction failed, and, constitutional symptoms having supervened, the leg was amputated. The tibialis posticus was found displaced from the natural groove on to the front of the tibia, and the flexor communis digitorum from the same groove into that of the flexor longus pollicis. The poste-

rior tibial nerve was violently stretched. The patient died in a few days.

Dr. Fayrer, the senior surgeon of the Medical College Hospital at Calcutta, relates a similar case in his "Clinical Observations in Surgery," under the title of Subastragaloid Dislocation. The parts were reduced under chloroform. Iced water was applied continuously for forty-eight hours, and the patient did remarkably well.

AN ANALYSIS OF A HUNDRED AND FIFTY UNPUBLISHED CASES OF ASTHMA.

BY HYDE SALTER, M.D., F.R.S., F.R.C.P.,
PHYSICIAN TO CHARING-CROSS HOSPITAL.

No. II.

ON THE IMMEDIATE EXCITANTS OF THE ASTHMATIC PAROXYSM.

Immediate and remote irritants. On the modus operandi of some excitants of asthma—of cold, of heat and thunder, of over-exertion, of laughing, of coughing and sneezing. Classification of the immediate excitants of asthma. A. Those affecting the air-tubes primarily and directly: 1, *particular kinds of air;* 2, *chemical and mechanical irritants;* 3, *animal emanations.*

IN considering the causes of asthma, it is necessary to bear in mind the broad distinction between the causes of the *disease* and the causes of the *paroxysms*. Sometimes these two are the same—that which has laid the foundation of the disease will produce the subsequent attacks. Thus asthma often takes its origin in bronchitis, and whenever bronchitis subsequently occurs it brings an attack of asthma with it. But much more frequently the cause of the disease and the causes of the paroxysms have nothing to do with one another, are quite distinct; that which produces the disease not producing the paroxysms, and that which produces the paroxysms not producing the disease. Thus measles may have laid the foundation of the disease, but it never occurs again to produce the paroxysms; on the other hand, the presence of ipecacuanha powder in the respired air may produce the paroxysm, but it could not produce the asthmatic tendency.

The provocatives of the asthmatic paroxysm may be divided into those which are applied to the air-tubes themselves (or, at any rate, those which affect them primarily), and those which are applied to some remote part, and affect the air-tubes secondarily. These last always reach the bronchial tubes by a nervous circuit—ganglionic or cerebro-spinal.

Those which are applied directly to the bronchial tubes, or affect them primarily, are of three very distinct kinds: *a*, things inhaled; *b*, an inflammatory and therefore morbidly irritable condition of the bronchial mucous membrane; *c*, the presence of a blood that, not necessarily morbid, nevertheless, in the particular pulmonary system of the asthmatic, constitutes a source of irritation: as, for example, what we may call the *sanguis cibi*—the blood after a meal.

Those irritants which produce asthma by acting on some remote part may either be such as are applied to the *periphera* of the nervous system—e. g., an indigestible meal, a loaded rectum; or such as affect the brain itself; and these last may either be physical in their nature—some morbid condition of brain—or psychical.

My notes furnish examples of all these provocatives of asthma, some of which are very curious.

In the majority of cases the provocatives of the attacks belong to more than one class: it is the exception to find that *only* local irritants, or *only* psychical causes, or *only* sources of reflex irritation, may give rise to the fits. We commonly find in each case such lists as these: "the effluviam of hay, a late supper, the catamenial period;" or, "mental excitement, nuts, fog;" or, "thundering weather, wine, the smell of a lucifer match;" in which examples the irritants belong to entirely different groups—one nervous, one bronchial, one peptic. And I think that this fact is not without its indicativeness; I think it shows that the asthmatic tendency consists, in its essence, in a *general* and not a *special* irritability of the nervous system—not in an idiosyncrasy that resents this or that particular thing, but in a general tendency to be irritated.

There are many excitants of asthma whose *modus operandi* is not very clear, and with regard to which the questions at once arise in the mind, How do they act? To what class do they belong? Let me endeavour to answer these questions with regard to some of these doubtful irritants, and then it will be seen hereafter why I assign them the place among the provocatives of asthma that I do.

How does *cold* act? I believe in three ways. 1st. As a local irritant, just as damp or fog acts, the cold inspired air at once producing the bronchial spasm. 2nd. As a stimulant to the cutaneous surface, acting reflexly *viâ* the centripetal spinal nerves. In no other way do I conceive we can explain the *immediate* production of asthma by cold to the feet, &c. 3rd. By producing catarrhal bronchitis. In the first two cases the cold acts at once; in the last remotely, not perhaps for days. In the first two a certain amount of cold inevitably produces the asthma; in the last it entirely depends on whether it gives rise to "*a* cold;" if not, the greatest depression of temperature may be endured without the slightest injury.

How do *heat* and *thunder* act? I believe by producing greater general irritability of the nervous system, and making it more sensitive to sources of disturbance of any kind whatever.

How does *over-exertion* act? In two ways, I think. 1st. By taxing the respiratory organs, and generating a certain amount of respiratory arrears and consequently of pulmonary congestion; and perhaps by the rapid passage of fresh and cold air over the bronchial mucous membrane. 2nd. By producing nervous excitement and exhaustion. In which of these two ways it acts in any given case is shown by the time in which the result takes place: when the over-exertion produces the asthma at once it acts in one of the two former ways, or both; but when the asthma does not occur till some time after—as, for example, when an asthmatic boy always has an attack *the day after* a cricket match,—it is only in the last way it can act.

How does *laughing* produce asthma? There is no doubt of the fact that it *does* so in a great many cases. In at least a dozen instances patients have spontaneously told me that laughing is always dangerous to them; and I have known several cases of hay fever in which, although the individuals could laugh with impunity at other times, yet during the hay season they never dared laugh lest it should make them asthmatic. I believe it possesses this tendency by producing a condition of extreme expiration. There is no doubt that this favours asthma. I have known many patients who could always make themselves decidedly asthmatic (when the thing was hanging about them) by making two or three prolonged expirations, and emptying the chest of air; the same kind of thing that a person does when you tell him to wheeze. Why is this so? Why should prolonged expiration favour asthmatic contraction of the air-tubes? I suppose it is on the same principle that a very deep inspiration will break through and destroy it—a fact which I have heard affirmed by a hay asthmatic: I suppose it is that the expiration, relieving the tube of the distending traction of the expanded lung, *allows* it to contract, ceases to oppose the tendency to contract, and so allows the spasm to assert itself unopposed, and get more and more complete control over the tube. Anyone who has watched the act of laughing will have observed that it consists principally of a series of short expirations. But not only does laughter produce an expiratory condition of the chest, but it very much suspends respiration for the time, as is shown by the breathlessness and congestion of the face it induces. Now anything that, by suppressing respiration, produces congestion of the face, produces also congestion of the lungs; it is possible, then, that laughing may tend to produce asthma in this way also. I have thought, too, that laughing may tend to produce asthma in another way. It is an involuntary and excito-motory (though not reflex) act: may not the condition into which the nervous system is thrown in laughter tend to favour the development of excito-motory action in general?

Lastly, how do *coughing* and *sneezing* tend to throw the bronchial tubes into a state of spasm? I think by throwing the air passing through them into violent motion and vibration. This must be somewhat similar to the production of asthma by the inhalation of mechanical irritants: it is, in fact, a form of mechanical irritation. I have known talking produce asthma, and I fancy it must do so in a similar way—by the irritation which the laryngeal vibrations, propagated down into the lungs, offer to the morbidly sensitive air-tubes. Coughing, especially in long fits, may also act by producing pulmonary congestion.

I think this examination of the *modus operandi* of these provocatives of asthmatic spasm is worth the time and trouble

spent in discussing them; for unless thus explained they possess no instructiveness and contribute nothing to the pathology of the disease.

The agents or circumstances tending to provoke the asthmatic paroxysm may be tabularly represented in the following way:—

PROVOCATIVES OF ASTHMATIC PAROXYSM.	Affecting the air-tubes primarily and directly. *Intrinsic.*	Things inhaled	Particular kinds of air. Chemical and mechanical irritants. Animal emanations.
		Inflammation of air-passages	
		Offending condition of blood	After *all* food. ,, certain ingesta, as wine. From dyspepsia.
	Applied to some remote part. *Extrinsic.*	Reflex nervous irritation	Through the organic nervous system. Through the cerebro-spinal nervous system.
		Central nervous irritation	Irritant psychical. Irritant physical.

OBSERVATIONS IN THE MILITARY HOSPITALS OF DRESDEN.

By ALEXANDER BRUCE, M.B., F.R.C.S.,
ASSISTANT-CURATOR OF THE ANATOMICAL AND PATHOLOGICAL MUSEUM, UNIVERSITY COLLEGE, LONDON.

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THERE was ample opportunity in Dresden of observing the effects of the different bullets employed by the three armies, Prussian, Austrian, and Saxon; and after a careful examination of a very considerable number of cases, I cannot agree with the opinion which I find generally entertained in this country, that the bullet of the Prussian needle-gun produces a *less* serious wound than that of the Austrian Minie rifle. I have before me a preparation of the lower end of the left femur, in which the condyles have been completely separated from the shaft by a Prussian bullet.

FIG. 2.

In this case the ball entered in front and to the inner side, and passed out behind and to the outer side, carrying away with it a large quantity of small fragments. A more complete destruction of the bone could hardly have been produced by a single bullet. I have another preparation of gunshot fracture of the humerus, in which at least two inches of the bone had been carried away by a Prussian bullet, and lodged under the skin on the inner part of the arm. As the effects produced by different forms of firearms are now creating some interest, it may be worth while to dwell on this subject more fully. The three forms of bullet employed in the late war are represented in the annexed figures, of their natural size.

FIG. 3.

The Austrian bullet is somewhat the largest and heaviest of the three; it is a simple conical bullet, with two deeply cut rings near the base, and with a moderately deep depression in the base of the cone. The Saxon bullet is the smallest, and somewhat the lightest of the three; but the difference between its weight and that of the Prussian bullet is inconsiderable; it weighs 452 grs. It forms a truncated cone, the apex being cut off; it is also characterized by a shallow ring on its surface, and a deep but narrow pit at the base.

The Prussian bullet, the most interesting of the three, is not simply conical, but might rather be described as consisting of two cones, one of which is truncated, united together at their bases. It is perfectly smooth, being marked by no rings or pits. A small knob is often left where it has been cut off from the mould. It weighs 486 grains, and is a trifle lighter than our English Enfield bullet.

In estimating the effects produced by these various bullets, it must be remembered that the Prussian soldiers never fire at long ranges, seldom beyond 150 yards; whilst the Austrians and Saxons frequently fire at over 300 yards range. The Prussian bullets, therefore, struck the enemy whilst retaining a high velocity, and produced proportionately serious effects. Many wounds were, indeed, received at very close quarters, the needle-gun enabling the Prussians to fire at a distance of six feet from the enemy—an advantage which rendered the bayonet an almost useless weapon. An instance of this was mentioned by one of the Austrians; and the account was generally believed to be substantially true. A brigade of Austrians, numbering about 1000 men, charged a body of Prussians in an open plain. There was just sufficient distance to enable the men to employ the bayonet to the greatest advantage. The Prussians, however, fired with such rapidity without bringing their rifles to the shoulder that when the Austrians came within six feet of them there was only the last company—about sixty-five men—remaining. These were so staggered by their fearful loss that they all threw down their arms, and gave themselves up as prisoners.

The difference in the effect produced is more observable in the change of form the bullet itself undergoes than in the injury it causes. The peculiarity in the action of the Prussian bullet appears to result from the fact that, instead of its apex coming in contact with the bone &c., it usually strikes somewhat obliquely, and, if it have not sufficient impetus to enable it to pass out on the opposite side, it is found irregularly flattened from side to side, and retaining no trace of its original form; whilst the conical Minie bullets, impinging directly upon their apices, are generally flattened from before backwards, and almost invariably retain some of their characteristic marks. Fig. 4 represents a very fair specimen of a Prussian bullet after having struck against a bone. It was removed after death from the midst of a number of small fragments of the humerus, against which it had struck.

FIG. 4.

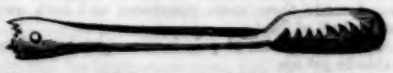
I have seen Austrian and Saxon bullets retaining their form

almost unchanged, after doing great execution in the long bones; but I have never seen a Prussian bullet, which had struck a bone, remaining unaltered in shape.

There were many large lacerated flesh wounds produced by splinters of shells, &c.; but these, as a rule, presented but little of interest. Dr. Knorr successfully removed a portion of grenade shell, measuring one inch and a half in two directions, and a quarter of inch in thickness, from the superior maxilla of a Prussian soldier; but this was, I believe, the only case of the kind in the hospital during my visit.

The search after bullets and their extraction was a source of the greatest interest both to surgeons and patients. It often proved a matter of the greatest difficulty to determine whether a bullet was lodged in the body or not; frequently the men would positively assert that the ball had been extracted on the field, when it subsequently proved not to have been the case. The excitement produced in some men by the sight of the bullet was most astonishing. An Italian seized his bullet, bit it violently, and cursed it so furiously that it had to be taken from him to prevent him injuring himself. A Prussian soldier, apparently by no means an excitable fellow, on seeing the ball which had been removed from his thigh, burst into tears, and shaking hands with us all round, divided his attention between blessing us and cursing his bullet. The men always kept them as valuable relics, and would not have parted with them at any price. The "Garibaldi sonde," as it is called after the illustrious hero for whose case M. Nélaton invented it, proved of the greatest service. I have known a bullet, buried at a depth of four inches in the fleshy part of the thigh, recognised by the faint streak of lead left on the unglazed porcelain at the end of the probe. By its aid it was easy to determine between a piece of fractured bone and a bullet. Of the instruments used for extraction, the ordinary bullet-screw and long forceps were perhaps the two most commonly employed; but the new American bullet-forceps was very highly spoken of. Its peculiarity consists in the sharply serrated blades crossing one another, and not simply meeting. Fragments of all shapes were easily removed by this instrument.

FIG. 5.



The above figure represents somewhat imperfectly the form of the original. The anterior part of the lower blade is intended to lie in a plane nearer the spectator than the similar part of the upper blade; whilst in the posterior half the upper blade is the more superficial of the two; so that the two blades cross one another.

With regard to the apertures of entry and exit, there was, as a rule, very little difference to be observed between them; they were often of the same size, and presented very much the same characters. I frequently observed that the supposed aperture of exit healed more rapidly than the other. The account of the patient could rarely be trusted; and I found the holes in the clothing to be the best guides, as here the aperture of exit was invariably the larger and more irregular of the two. In one case, in which a bullet had penetrated both thighs, it was only by examining the trousers that we could determine the direction it had taken, the patient's account proving incorrect.

Judging from the number of cases of hopelessly bad fractures that were sent to Dresden from the field hospitals, there must either have been a great want of operative assistance on the spot, or the most unbounded faith in the reparative powers of nature. I have had the opportunity of dissecting very many cases of extensive comminution of the bones of the elbow, knee, &c., in which one would have thought that no surgeon could have entertained the faintest hope of saving the limb. Primary operations are so universally recognised by military surgeons as superior to secondary operations, that their non-performance was probably solely due to the enormous strain thrown upon the exertions of the surgical staff on the field. The circular method was almost universally adopted in preference to the flap, in consequence of a belief that the latter exposes the patient to a greater risk of pyæmic infection from the magnitude of the wound. In cases where, from the nature of the injury, the flap operation became necessary, the single long flap was generally preferred.

Resections were seldom performed; in fact, I only saw one of the elbow-joint. For although several cases must have afforded excellent opportunities for primary resection, yet at a later period the extensive suppuration, and disorganization of the soft parts, precluded all hope of a satisfactory result.

Of the other operations of conservative surgery we had but few examples. The only case of Pirogoff's amputation of the foot ended fatally from profuse traumatic gangrene. In several cases, I think, Syme's amputation might have succeeded, but there was generally in these cases too much infiltration of the tissue of the heel to promise a favourable result, and amputation in the lower third of the leg was preferred.

Considering the number and variety of the wounds received, secondary hæmorrhage was of unfrequent occurrence. Dr. Köhnhorn ligatured the axillary and the femoral arteries for repeated hæmorrhage from wounds of the respective limbs; both cases were successful as far as the operation was concerned, but one of them (the femoral) became pyæmic when the wound was nearly closed. A case of ligature of the brachial resulted in amputation at the shoulder-joint, in consequence of severe secondary hæmorrhage at the seat of ligature; on examination, there was found to be a very small and incomplete clot in the artery.

In no case of hæmorrhage from the lung resulting from gunshot injury was it found necessary to employ venesection. In most cases digitalis was employed in connexion with the ordinary astringents. One very interesting case occurred under the care of Dr. Mænnel, in which the patient, after spitting blood for fourteen days, recovered with the bullet remaining in his body; when he left the hospital he had only a very slight cough, and no pain.

(To be continued.)

ON

A CASE OF HYDATIDS OF THE LIVER.

BY C. C. RICHARDS, M.D.

HAVING read with considerable interest an able article on the study of Parasitic Diseases in THE LANCET of Dec. 9th, 1865, and the abridged report of Dr. Murchison's paper, read before the Medical Society of London on the 16th of October, giving an Account of Twenty Cases of Hydatids of the Liver, I venture to think the following case sufficiently interesting to deserve recording in THE LANCET.

The patient has been under my care for eighteen months; and it gives me additional pleasure in writing out this report to be able to add my testimony to the correctness of Dr. Murchison's views regarding the treatment of such cases, and I believe with him that medicines have no effect at all upon the cysts, and that the only treatment likely to be of any benefit to the patient is to puncture the cyst. All medicines mentioned by Dr. Murchison, and others besides, were tried in this case; but to no purpose. Paracentesis was advised; but it was only when death was inevitable, from the pressure of such an enormously enlarged liver upon the stomach, that the patient consented to the operation.

Not having seen Dr. Murchison's paper *in extenso*, it is impossible to form an idea as to the extent of disease in any of his cases; but I can scarcely imagine a liver more thoroughly enlarged from hydatids, and yet performing its functions, than in this case. The number of cysts tapped, the large number of punctures made at short intervals, the great quantity of fluid which came away, and the impunity with which the operation was borne,—all add considerable interest to the case. Regarding the number of cysts, though I feel assured, from the patient's account of the accession of the disease, the region affected, and the symptoms complained of at the commencement, that I may undoubtedly call this case one of hydatids of the liver; still, from the number of cysts evacuated (over 200), the peritoneal cavity must have been pretty well filled.

In the first operation one of the largest trocars was used, and two punctures were made, which closed without any untoward circumstance; but in the four subsequent operations a very fine trocar was used, and thirteen punctures were made: the five operations having been performed from the 6th of November to the 28th of December—a period of seven weeks. The patient kept his bed only a day or two after each operation; indeed, after two of the operations the patient sat up

the very next day—a fact which shows how little reliance is to be placed on the much-exaggerated risk of puncturing in such cases. That suppuration was increased in this case by the operation itself is doubtful, as suppuration had taken place before he was tapped, as was proved by the fluid at the first operation, half of it being pus. At the same time I think it very probable that suppuration might have been excited by the escape of cystic fluid into the peritoneal cavity; as I can scarcely imagine, as Mr. Savory seems to think, that the puncture in the cyst-wall closes immediately the trocar is withdrawn: for if there is any fluid left in the cyst, from the elasticity of its walls it will be expelled. That such is the case is evident, as fluid oozed out of each puncture so freely after the instrument was withdrawn, and after all that could be got away through the canula was drained off, that the pads, bandage, and bed-linen had to be changed on more than one occasion in consequence of the copious discharge. Then, as such is the case, it is but reasonable to conclude that the opening in the cyst-wall does not get closed up until the fluid has been emptied into the peritoneal cavity or elsewhere; and if into the abdominal cavity—as part of it in this case must have been,—from its pungency I can easily imagine its exciting suppuration; for it was so pungent that I was obliged to anoint the skin in consequence of the patient complaining of its burning. Still I do not attribute the large amount of suppuration which took place in this case to the cystic fluid only, but to the presence of punctured cysts as well, as some of these did not come away for three months after they were punctured, and must have been a great source of mischief before the large quantity of pus (fifty-two pints by measure) could have been secreted. The greater portion of this was got rid of through two openings in the right hypochondrium while at closet; and so regularly did the discharge come away at these times, in consequence of the action of the abdominal muscles, that he always took with him a basin so as to catch the discharge as it came away.

It will be observed that different-sized trocars were used in this case, both the largest and the smallest; and from the result in this case, I think it of little consequence which size is used if the cyst is large, as in all probability some of the fluid will escape into the peritoneal cavity, and the cyst itself will act as a foreign body when the fluid has been evacuated. Of course I am now speaking of large cysts; if the cysts are small, for the reasons stated by Mr. Savory, prudence forbids the use of any but a small trocar.

The following is a history of the case:—

F. H——, aged forty, a pale, cadaverous-looking man, came to the surgery eighteen months ago, complaining of a swelling in the belly, with pain, more especially in the right hypochondrium, and a great weight; says that he feels as if full of water, and is increasing in size. Upon examination, the margin of the liver could be distinctly traced, and seemed to be so enlarged that it nearly filled the abdomen; to the touch it was tense and as if adherent to the parietes. In the right hypochondrium a distinct bulging was to be observed, as large as a fist, but continuous with the general swelling; and upon the most minute examination it seemed as if the enlargement consisted of a single cyst; percussion gave a most marked fluid vibration. Tongue clean, but red. Digestion bad. Is able to follow his employment as foundry manager and moulder, though he can scarcely stoop in consequence of the swelling. Says that seven years ago he suffered from a severe pain in the right side, with which he was laid up six weeks, and for which he was bled, blistered, and took medicines from a neighbouring surgeon. After a time he noticed a swelling in the right side, was again blistered, and had some ointment to rub into it; but neither had any effect upon the swelling, and it has continued to increase up to the present time. Has had attacks of pain in the right side since the swelling appeared, and is laid up with it for some weeks at a time.

From the foregoing account of the patient, together with a physical examination of the abdomen, the case was diagnosed as being one of hydatids of the liver. Paracentesis was proposed, but the patient was anxious to try the effects of medicines for a time longer before resorting to an operation; so, after persevering with a host of medicines supposed to have a beneficial effect in such cases, and with no effect upon the swelling, he gave medicines up in despair, but still objected to the operation.

Oct. 19th.—Up to the present time the patient has followed his occupation, but finding his breathing interfered with, he has been obliged to give up his work, as he can scarcely walk a hundred yards without halting two or three times.

29th.—Was asked to call and see the patient, as he has been obliged to keep to his bed four days, in consequence of a violent sickness coming on immediately he attempted to rise. A mixture containing hydrocyanic acid, sesquicarbonate of soda, and tincture of opium, (with brandy at intervals to support the strength,) seemed to relieve the sickness for a time, but the effect was only transient, and the sickness returned as bad as before; every particle of solid food, and even fluids, were rejected, so that the patient was getting exhausted from the want of food. Pulse 130, wiry; tongue red, like a piece of raw beef; bowels constipated. It was evident that the functions of the stomach were seriously interfered with from the mechanical pressure of the liver, and the only alternative was to perform paracentesis. The patient was also anxious to have it performed, so as to relieve the urgent sickness.

Nov. 6th.—Dr. Davies and myself called to see the patient, and Dr. Davies with a large trocar punctured the belly in the right and left hypochondriac regions, when three pints of fluid ran off, evidently from two separate cysts, as from each puncture the first half of the fluid was quite clear; the remaining half contained a large quantity of pus, and looked like pea-soup. Upon examining the clear fluid the specific gravity was found to be 1009, without a trace of albumen, and giving with a solution of nitrate of silver a copious precipitate of chloride of silver (proving that chloride of sodium enters largely into the composition of the cystic fluid, and which the patient says is strongly tasted in the mouth). The turbid or pea-soup like fluid was of greater density than the clear, the specific gravity being 1016, and containing abundance of pus-corpuscles.

15th.—I punctured the abdomen with an exploring trocar in three places, and took away two quarts of fluid, in character like that taken away on the former occasion.

17th.—The patient is much relieved, and able to get up. He retains all food since the first operation. Has had a little tenderness of the abdomen, which was relieved by a bread-and-water poultice.

24th.—Three more punctures were made, and five pints of fluid taken away. Ordered calomel pill with opium at night.

27th.—He has been up daily for some hours. Has taken a pill every night. Feels very comfortable, and is able to bend the body forward more than he has done for four years. Appetite good, and he feels much better in every respect.

30th.—I made three more punctures, and took away four pints and a half of fluid.

Dec. 2nd.—Complains of pain in the right hypochondrium, but is able to get up.

6th.—Is very comfortable, but the abdomen seems to be enlarging. No pain; bowels acting regularly; sleeps tolerably well.

26th.—Up to last date the patient has improved in his general health; he takes animal food and porter daily; is anxious to be tapped again, as he feels filling with water, and fluctuation is very distinct.

28th.—Made four more punctures, and took away a pint and a half of pus, the character of the secretion having altered from being sero-purulent to pure pus.

Jan. 6th, 1866.—The patient is doing well; but there is a constant draining away of pus from two out of the four openings made on the 28th of the previous month. To have a bread poultice applied.

8th.—Discharge has ceased; complains of pain at the site of the opening just closed; skin looks red, and there is a carbuncular-looking swelling as large as a saucer.

10th.—When straining at closet the two openings burst open again, and a pint and a half of pus came away.

11th.—Gelatiniform substances protruded through the openings as large as figs, and evidently the remains of punctured cysts.

13th.—The protruding cysts came away, and half a pint of matter came out with a gush, when the openings were again blocked up.

14th.—This morning nearly a pint of pus, intermingled with the remains of cysts, came away. In the afternoon I saw the patient, and found the openings, from the continued pressure on their margins, were now large enough to admit the tip of the index-finger, and remained patulous, but blocked up by a cyst; and immediately upon puncturing it with the sharp end of a probe, out came a clear jet of fluid, followed by a cyst and a quantity of pus, but only to be blocked up by another cyst, which was punctured as before, and followed by the cyst and fluid. So the operation of puncturing went on until over 100 cysts came away (a few entire), varying from the size of a grape to that of an orange, with an immense quantity of pus, in all measuring seventeen pints. The few entire cysts were filled with a clear translucent fluid, and probably floated in

the puriform fluid in the peritoneal cavity. When all the fluid was drained away, a folded napkin was placed on the abdomen, and firmly bandaged. During the draining away of fluid the patient was kept in the recumbent position, so as to facilitate the escape of fluid, and had brandy given him, of which he was ordered a tablespoonful every three hours, with beef-tea to support the strength.

28th.—The patient is not so well, evidently getting emaciated from the immense quantity of discharge, four pints of pus having come away when at closet, independent of what escaped into the poultices since the 14th. The openings still remain patulous, but show a disposition to contract.

29th.—A portion of cyst-wall protruded, and when taken away four ounces of pus came away in a gush. To take the following mixture: tincture of sesquichloride of iron, two drachms; solution of sulphate of magnesia, two ounces; infusion of quassia to six ounces,—one tablespoonful three times a day. A calomel and opium pill every night.

Feb. 2nd.—Quantity of discharge less. Appetite improving, and feels stronger.

10th.—Half a pint of pus came away; bandage and pads previously saturated.

12th.—Six ounces of pus came away.

14th.—Discharge less; only half a teacupful of pus came away. Appetite continues good; takes large quantities of animal food and porter. To continue mixture, and to take a tablespoonful of cod-liver oil three times a day.

22nd.—Four ounces of pus came away. Is gaining flesh, and has been out in the garden.

March 3rd.—Pus has been discharged since the 22nd, but less in quantity. Takes the cod-liver oil regularly, and is still getting stronger.

13th.—Pus still continues to drain away, but the openings are getting closed up. Complains of a pricking sensation near the openings; so, to facilitate the discharge of pus, I with a bistoury made both openings into one, and put in a tent.

14th.—The tent has come away with poultice; and to-day part of a very large cyst protruded through the openings, but could not be liberated. A bread-and-water poultice was ordered.

15th.—A portion of cyst as large as a fig protruded through the opening, and by the expulsive efforts of the patient and my using traction with a dressing-forceps the entire cyst came away, as large as a bullock's bladder, and very much tinged with bile, followed by many more cysts and two quarts of matter, leaving the opening in the parietes large enough to admit a thumb; a large cavity was also seen in the abdomen.

16th.—Little discharge has come away. Patient comfortable.

April 10th.—Since last date little discharge has come away. The opening in right hypochondrium seems to have been closed up with granulations, but it has reopened two or three times, and about a teacupful of pus discharged.

13th.—To-day a quart of matter escaped, having very much the appearance of a plum-pudding, from the presence of a very large number of small cysts (over eighty), which were filled with fluid, and gave the appearance of currants in the puriform secretion. Some of the cysts were as large as raisins, and a few ruptured cysts were the size of walnuts.

20th.—Yesterday and to-day over a quart of matter came away, but no cysts; and as the opening seemed to be filling up with granulations, a tent was put in.

21st.—The tent was taken out last night, when half a pint of pus came away; but notwithstanding the large amount of pus secreted, he still continues to improve, goes out daily, and feels much stronger; so he is anxious to visit his friends for a few weeks.

22nd.—Came down to surgery, and says that he intends going from home in a few days.

26th.—Went from home. Very little discharge has come away since the 21st, and it is not at all fetid.

I have heard from the patient's friends that he is improving daily, but a little discharge has come away since he left home. I now consider my patient in a state of convalescence; but should the discharge continue after his return, I fully intend using injections so as to create adhesive inflammation.

May 20th.—Patient has returned very much improved in appearance; still continues to take the cod-liver oil. The discharge has nearly ceased, only a few ounces of pus having come away since he left home.

June 7th.—There is still a little discharge, but the patient finds himself so well that he has resumed his usual avocation in the foundry; so that I think it will be quite unnecessary to use injections at all.

Brick-lane, Bethnal-green, Aug. 1866.

NOTES ON THE CHOLERA AT COWES.

BY DR. HOFFMEISTER & DR. RICKARDS.

DURING the month of August there were eighteen cases of cholera at East and West Cowes, and the following particulars may be of interest. All the cases occurred among the poor. No contagious influences were traceable in the first case. No infectious vessels had entered the port, but cholera had already commenced in Newport, a neighbouring town. In most instances there was a history of bad food, and the water was known to be unwholesome, or deficient in supply; and in the remainder, predisposing causes, such as intemperate habits, filthy and overcrowded state of dwellings, with imperfect drainage and other sanitary errors, were noticed. The epidemic visited seven different localities, and in no instance could it be said to extend to any degree, though in one locality two adjoining houses were attacked. No particular course was taken by the poison. One side of a street or court was not favoured and the other ravaged; and plenty of dens and alleys, where everything appeared favourable for an outbreak, escaped unaffected.

Locality 1.—(*a*) A house in a close court, where ten families reside; water obtained from a pump about a hundred yards off; drainage bad. Three in a family, of which Fanny N——, aged sixty-three, and Fanny N——, aged five, had cholera, and died rapidly.

(*b*) House in same court. There is a drain in the back-yard open and offensive, close to which is an earthenware vessel containing the water for drinking purposes. Five in family: one, Mrs. N——, aged sixty, attacked; death. The rest had cholerine and diarrhœa. Typhoid fever was in this house last year.

Locality 2.—(*a*) A house in a block of buildings where people are overcrowded and the rooms small. A bedroom, in which one case of cholera occurred, was not six feet square; the window consisting of one small pane of glass, and no fire-place. The drinking-water was kept in an earthenware vessel in close proximity to a heap of dirty clothes, rags and refuse, which smelt abominably. Mr. and Mrs. R——, the only inmates, were both attacked. Mrs. R——, aged fifty-three, died; Mr. R——, aged fifty-eight, recovered. A married daughter, who came to nurse them, suffered severely from cholerine.

(*b*) A filthy yard, where an open drain and a dirtheap are close to the door and window of the infected cottage; water bad; overcrowding. Family of six: one child, Kate P——, aged seven, attacked with cholera; recovery. Whole family suffered at the same time from severe diarrhœa. A case of typhoid fever was in the same yard, and several people were ill with cholerine and diarrhœa.

Locality 3.—Water bad. Diarrhœa neglected. House clean, and not overcrowded. Four in family. Charles L——, aged fifty, attacked with cholera; died.

Locality 4.—(*a*) Two adjoining houses in a street where it is stated that a main drain often gets choked up and the water contains insects. In one house, four in family, Samuel M——, aged twenty-eight, attacked; recovery. A woman in same house had cholerine. In the adjoining house a family of six, of which Sarah P——, aged thirty-six, and Annie P——, aged five, suffered from cholera; both died. Father had severe diarrhœa at same time. Typhus raged in this house last winter. Case of typhoid fever now in same street.

(*b*) House leading out of same street, occupied by two adults, a brother and sister. The brother is undertaker for the fatal cases of cholera, which has given much uneasiness to the sister lest she should "catch the complaint." She, Elizabeth D——, aged thirty-two, attacked with cholera; recovery.

Locality 5.—A house which is known to have a bad drain. Two in family. One, Mrs. M——, aged fifty-five, attacked. Same woman had typhoid fever last year. Ill-health for previous fortnight; diarrhœa for last three days, which she hoped would get well of itself. Recovery.

Locality 6.—A low place called the Marsh, and properly so termed. Foundation of house a semi-liquid mud; dirt round the house increased by dog-kennels and poultry. A family of ten occupy a house not large enough for half that number.

Four of family attacked, of which two, Edward R——, aged four, and George R——, aged fourteen, died. All the others suffered from cholerine and diarrhœa. The grandmother of these children died from cholera in the same house seventeen years ago, attended by Dr. Hoffmeister. Adjoining houses at present time perfectly free from the complaint.

Locality 7.—Residence near the main sewer. Family of six. The mother, Mrs. O——, aged fifty (who had neglected a diarrhœa for three days), attacked; recovery. Father and one son had severe diarrhœa.

The treatment adopted with most apparent success was the following:—

During the evacuation stage.—Acetate of lead (three grains), with acetic acid and tincture of opium (fifteen minims), every one or two hours until purging is arrested. Sinapisms to epigastrium for relief of pain in that region and vomiting. Ice and iced water *ad libitum* to allay thirst and sickness, with the addition of small quantities of brandy (one-drachm doses sometimes) if much depression or failure of pulse. Small doses of chloric ether and tincture of opium to allay cramps, and friction with brandy or turpentine.

During the stage of collapse.—Sesquicarbonate of ammonia, in four-grain doses, every hour or two hours; very small quantities, sometimes a drachm, of brandy-and-water, in equal parts, every quarter or half hour. In other cases the same doses of iced sherry or champagne, with ice to suck. Long earthenware bottles with hot water applied all along the spine constantly; hot bottles to hands and feet.

During the reaction period.—Beef-tea, well salted, in tablespoonfuls at a time, and freely administered; milk-and-water, and milk arrowroot, in same quantities. Diminution, and in some cases cessation, of stimulants, according to amount of reaction and pulse-force. To relieve the pain and sense of oppression at præcordia, and the pain between the shoulders so distressing in some cases during this stage, fifteen grains of bicarbonate of soda, fifteen minims of aromatic spirits of ammonia, five minims of tincture of opium, and tincture of lavender, three or four times a day, or when the pain was severe, seemed to give great relief. (Some patients declared "that one dose of it went directly to the desired spot.")

Care was enjoined with regard to diet and exertion in the stage of convalescence. Camphorated chloroform (saturated solution), and also turpentine, each given in twenty-minim doses on loaf-sugar, were not apparently followed by marked benefit. They were given in the algide stage, when continual retching and vomiting and cramps were at their height. The greatest care was taken in the collapse period to apply warmth continuously to the hands and feet, and all along the spine; the patient, as he lay partially on his side, had his back supported by a long pillow of hot bottles. In two fatal cases, where the usual treatment was employed, but hot applications not put to the back, death occurred in the algide stage without any signs of reaction.

Of the 9 fatal cases: 3 died collapsed; 5 in a comatose state after reaction had set in; 1 from suppression of urine and uræmic poisoning on the fourth day.

Of the 9 recoveries: all had vomiting, purging, and cramps, and the skin, aspect, voice, and respiration characteristic of cholera.

7 of the 9 who recovered had rice-water stools; and in the remaining 2 the evacuations were of a light-drab colour and watery consistence.

58 cases of cholerine, none of which ended fatally.

On the 28th of August we were able to report that no fresh case of cholera had occurred for five days, and the numbers of cholerine and diarrhœa had much diminished. Since that date one fresh case of cholera has occurred in a fresh locality; and Dr. Hoffmeister has sent me the particulars and his treatment.

Locality 8.—House in a groin of the harbour, where animal and vegetable *débris* accumulate. Rooms clean, with good water-supply. Case of typhoid fever in the house last year.

M. R——, aged thirty-five, particularly temperate; had copious rice-water evacuations, vomiting, and suppression of urine, with cold tongue and breath. The same treatment adopted, with the addition, in the algide stage, of a full dose (ten grains) of calomel, followed by one-grain doses every hour. The large dose allayed the vomiting, and after the third (one-grain dose), large carbonaceous stools were voided, with the most marked relief, and the kidneys at the same time acted well, the use of the catheter being necessary. Recovery.

All the steps requisite for the improvement of the hygienic condition of the town, and especially of the poorer neighbourhoods, were commenced at the beginning of the epidemic, and are still being vigorously carried out by the Cholera Committee of West and East Cowes, and it is sincerely to be hoped that the town will remain free from any reappearance of the disease.

Cowes, Sept. 1866.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHOLERA IN THE METROPOLITAN HOSPITALS.

LONDON HOSPITAL.

Two cases of unusual interest have occurred under Dr. Andrew Clark's care, for some particulars of which we are indebted to Mr. Dove and Mr. M'Carthy.

A girl, six years old, was admitted Aug. 11th, in a state of extreme collapse. She had a warm bath, by which she was somewhat revived, and passed a quiet night. Next day she was again collapsed. A small quantity of wine was given to her frequently, and she improved. For eight days she passed no urine. She continued in a moderate state of collapse, with low temperature, vomiting, and purging, until Aug. 21st, when strong reaction set in. This was accompanied by a roseolous rash on the arms, at first in patches, and then confluent. She had also ulcerations under the tongue and inside the lips. During the 22nd and 23rd the temperature continued above the normal range. On the 24th the rash suddenly vanished, the temperature rapidly mounted, and with this spasm of the hands and feet occurred. This spasm was continuous: the thumb folded in, the fingers flexed on the metacarpus, and the carpus flexed on the forearm. An analogous condition was observed in the feet. She never complained of her feet; but spoke of pain along the sides of her fingers. This feeling was greatly relieved by placing the hands in warm water. Her pupils were not abnormal, and she was perfectly sensible, but somewhat drowsy. The spasm continued from the 24th until the 30th, when it disappeared, first from the hands, and after another day from the feet. She is now quite convalescent, sitting up and playing with her doll.

Another case, in which a similar spasmodic condition was observed, terminated fatally. A boy, seven years old, was admitted on Aug. 8th. He had long had a discharge from the left ear. He had had purging and vomiting for two days. Cramps began on the 8th. On admission his skin was warm, pulse fair, and aspect choleraic. Reaction began on the 9th; but diarrhœa continued, the motions, however, becoming yellow-coloured. On the 13th he was observed to pick the bedclothes. Next day he tried to get out of bed whilst delirious. On the 16th the left parotid gland and then the right began to swell. He was in a semi-comatose state; but every now and then woke up and swore. On the same day a roseolous rash appeared, first on the hands, then on the trunk and legs. Coincident with the appearance of the rash, a rise of 2° Fahr. took place in his axillary temperature. On the 18th the rash was vanishing, and with its disappearance the temperature rapidly sank about 4° Fahr. On the 19th spasm was observed in the hands and feet. The muscles of the back were totally unaffected. Delirium became so violent that he was obliged to be removed to another ward. On this day the temperature again began to rise, and continued to increase until the 24th, when he died. Just previous to death the temperature was 105° Fahr. The spasms continued unchanged until his death. On the 21st he became convulsed, and for the next two days he had frequent recurrence of general convulsions. On post-mortem examination signs of slight arachnitis were observed, which were not, however, found connected with disease of the temporal bone. There was some increase of cerebro-spinal fluid, but no lymph.

Mr. M'Carthy told us of a case which is worth noting, from

its rapidity and the mode in which it commenced. An old woman who was quite well up to ten P.M., Aug. 26th, went to bed, slept till one A.M., and awoke with purging. She came to the hospital at two A.M., and got a dose of astringent medicine which she vomited immediately, together with a quantity of unmasticated meat. (She had teeth, but had not employed them. She had been living low, and on this Sunday had come in for an unusually ample meal.) Her appearance at that time gave no cause for anxiety. Some castor oil was given her to take home with her. On her arrival between two and three o'clock she swallowed this, and it was not repeated. After this dose the purging continued, and she was brought back to the hospital at ten A.M. in collapse. She gradually became worse during the day. At eleven P.M. Mr. Dove remarked that the odour of her breath was peculiarly offensive. He has noticed this very frequently as a precursor of death. She died before morning.

The following case also is one of much interest:—A labourer, twenty-eight years old, came in on Sunday evening, Aug. 26th. He had had slight diarrhœa the day before. At one P.M. on Sunday he got cramps in his limbs, and between that time and seven P.M. he had had two loose motions, but no vomiting. When Mr. M'Carthy saw him his eyes were sunken, voice whispering, tongue foul and cold, skin bathed in cold perspiration; temperature in axilla, 96·8° F. On admission he had some castor oil. About an hour afterwards he had one loose feculent motion, and passed urine at the same time. He had violent cramps in his legs, which were not relieved by friction. He complained also of pain in the side. At ten P.M. he had a hot bath, into which he was lifted directly from his bed. The cramps in his limbs disappeared whilst he was in the bath, and he felt easier. He was then wrapped in blankets and returned to bed. The cramps in extremities did not return, but the pain in the side continued. At eleven he seemed very ill, and the breathing was very shallow. He complained greatly of the pain in his side, "like a cord tied round him." He sank gradually, and died within half an hour. Death would in this case appear to have resulted from spasm of the diaphragm. The absence of rice-water purging and vomiting, and the continuance of secretion of urine, render this case one of very rare character.

Return of cases admitted into the cholera wards of the London Hospital for the week ending Sept. 6th.

	Cholera.	Diarrhœa.	Total.
Admissions	20 ...	25 ...	45
Recoveries	19 ...	24 ...	43
Deaths	6 ...	2 ...	8
Under treatment ...	47 ...	39 ...	86
Since the commencement of the outbreak.			
Admissions	515 ...	209 ...	724
Recoveries	196 ...	153 ...	349
Deaths	272 ...	17 ...	289

BETHNAL GREEN AND SPITALFIELDS TEMPORARY CHOLERA HOSPITAL.

THIS hospital is at the corner of Flower-of-Dean-street, Commercial-street, about two hundred yards from Spitalfields Church. It is a large new warehouse, almost isolated, except at the back, where there are a few poor houses. The frontage measures seventy-six feet long. It has four stories, the three upper ones being turned into wards, whilst the dispensary and store department are in the lower one. Adjoining this is the bath-room, and below is the kitchen. The wards are large, about sixty feet square, and well ventilated; and in each is a wooden compartment containing two watercloseets and a scullery. There is also a fireplace and boiler in each ward, and at night the wards are well lighted with gas. The nursing is under the management of Miss Sellon, and is admirably conducted. There are always one or more "sisters" in charge of each ward, a nurse to each patient in collapse, and one nurse to three patients in reaction. Dr. H. G. Sutton is physician to the hospital; Mr. F. M. Mackenzie (lately assistant resident at the London Hospital) is resident medical officer; and there is a dispenser. Two porters are on duty in the day, and two at night. The dead are removed to Whitechapel Workhouse and Shoreditch Depository.

The treatment has been as yet simple. Most of the patients have had external hot applications and iced water; six have had castor oil, but, we are informed, without success. A convenient method of applying warmth has been employed here in the form of large flat indiarubber bags filled with hot water, which can be put under the patient if necessary.

Since August 20th, 103 cases of cholera and diarrhœa have been admitted. Of these, 57 were cases of cholera (31 females and 26 males), and 46 diarrhœa (24 females and 22 males). There were 26 deaths—15 females and 9 males.

The cases admitted since Aug. 28th have been 28, of which 9 have died.

The hospital contains now 50 beds, but would hold another 25 easily if required. There is a male and a female cholera ward, and a convalescent ward.

Most of the patients have come from the Shoreditch, Spitalfields, and Bethnal-green parishes.

LIMEHOUSE DISTRICT CHOLERA HOSPITAL

(GREEN BANK, WAPPING).

THE number of cholera cases is diminishing here, as generally in the east of London; but such as are admitted, although less blue, are no less severe than formerly. We are informed by Messrs. Heckford and Woodman that the most successful treatment hitherto tried is that of large doses of quinine, or a large dose at the commencement, followed by smaller ones often repeated. The treatment by saline injections into the veins has been tried here in two cases. In one (although the man subsequently died), with very marked benefit at the time, rousing him from complete collapse and insensibility. In the other case it appears likely to be a complete success. The operation was only done on Saturday last; his pulse being 80, respirations 18, and the temperature in axilla 98°.

We are informed that several cases of lead-colic and intoxication, as well as two of typhoid fever, have been sent here as cases of cholera. But that cholera may coexist with, or be immediately followed by, some other of the so-called zymotic diseases appears to be demonstrated by the three cases subjoined, which have been furnished us by Dr. Woodman.

Scarlatina with cholera.—Elizabeth H——, aged eleven, admitted August 2nd. Her father died of cholera a few days previously; mother admitted the same day, and died in the evening, also of cholera. They lived in Salmon's-lane, Limehouse, one of the chief foci of contagion in the present epidemic. Her brother and sister had had scarlatina a few days before. Elizabeth, when admitted, had severe cramps, vomiting and purging of rice-water kind, with a very low temperature; in fact, she was in a state of collapse, being all but pulseless. The next day a scarlatinoid rash was observed all over her, very vivid, and fading on pressure, leaving a white streak for a few seconds. Her tonsils, velum palati, and fauces were red, swollen, and covered with aphthæ (which soon became ulcerated), as was also her tongue; submaxillary and other glands very tender and swollen. Her skin became pungently hot, and she had pneumonia of both lungs. The rice-water stools, vomiting, and occasional cramps continued. By the fifth day the rash had quite disappeared. Her urine was albuminous and smoky (from blood), and the skin desquamated freely. The last two features are of course common to cholera and scarlatina. She made a good recovery.

Variola with cholera.—Harriet D——, aged ten years; admitted August 4th. Her sister, aged four, admitted same day with cholera. Other cases in the same house. Her condition on admission was—almost pulseless, exceedingly blue, with excessive thirst, vomiting, and rice-water purging. One arm had two cicatrices of vaccination. The next day pimples came out on her face, which was rather thickly covered with them, afterwards extended to the trunk and limbs, and became semiconfluent; they were very characteristic of small-pox. On the evening of the fifth day after their appearance she died from double pneumonia. The rice-water stools continued nearly the whole time, and she complained much of dorso-lumbar pains, but her temperature rose, and was 107° on the day of her death.

Varicella after cholera.—Florence C——, aged seven, admitted July 31st, in the collapse of cholera. After very severe symtoms she was convalescing favourably on the 13th August, when an eruption like chicken-pox appeared, thinly scattered over the trunk and limbs, with one or two spots on the face. She was, however, very well, in spite of this, except a slight elevation of temperature, and was with great difficulty kept in bed. Some children in the school she had attended before admission had just had chicken-pox. It ran its usual rapid course in her, and never interfered with her convalescence.

BELLEISLE HOSPITAL SHIP.

THE progress of the epidemic in and about the port of London appears to be for the present well-nigh arrested. The Commercial Dock, however, is still a marked exception to this satisfactory state of things, and it is found by the statistics of this hospital that one-fourth of the whole number of cases received here have come from this quarter. As this dock has really been the only prominent cholera spot in the south-eastern district since the commencement of the epidemic, it must be presumed that some focus of mischief exists, as yet undetected by the authorities, if, indeed, any sanitary inspection has been instituted by the ruling powers of Rotherhithe, the parish in which the dock is situated. Eleven cases have been received at this hospital during the past week, and three deaths have occurred, one of these proving fatal from consecutive fever. This is the second patient only that has died here in that stage of the disease. No rash has hitherto been observed. The temperature of the skin and mouth invariably furnishes a marked indication of the severity of the attack, and that, too, at an early stage, always preceding other and more obvious signs of collapse.

Several patients have been received during the past week suffering from what would be commonly called simple diarrhœa. Vomiting and rice-water stools have occurred shortly after admission; but all these have done well, and are good examples of catching the subjects of the disease in its early stage, and sending them off to hospital at once. This plan has been pursued by the visiting staff attached to the *Dreadnought*, the chief difficulty in its entire success arising from the apathy of ship captains and gross carelessness on the part of the men themselves. By way of example, we are told of a man forming one of a smack's crew, whose vessel was moored within two hundred yards of the *Belleisle*, that he allowed diarrhœa to proceed without let or hindrance for five days, and was at length finally brought to the ship in a state of incipient collapse. It may be mentioned, in connexion with nautical cholera arrangements, that no quarantine of any kind appears to be observed at Gravesend, two cases (at least) having passed up the river in different vessels, both in a state of collapse at the time. Both of these have since died, and there could have been no possible doubt as to the nature of the disease when these vessels were off Gravesend. We "do and dare" much in the interests of commerce.

Reviews and Notices of Books.

On Intra-thoracic Cancer. Part I.: Introductory and Historic Sketch. Part II.: Contributions to the Pathology of the Disease. By JOHN COCKLE, M.D., Physician to the Royal Free Hospital. London: Churchill and Sons. 1865.

THIS monograph is one of a very useful class of works, which we should be glad to see more numerous. Its author makes no protence of writing an exhaustive treatise. With a just appreciation of the best method of dealing with a subject of which our knowledge is still in the process of growth, and has not approached at all nearly to completeness, Dr. Cockle adopts the following plan:—He commences with a succinct history of the various stages through which the literature of intra-thoracic cancer has passed. This sketch is both interesting and useful; for it avoids the tedium of a catalogue, and yet gives us, in a few words, a fair picture of the development of medical observation and theory on its subject. And the author is careful to add, for the benefit of those who desire to study the literature of the disease more in detail, a copious list of the principal treatises, both English and foreign. Having thus indicated the sources of the most accurate existing knowledge, Dr. Cockle proceeds to discuss the pathology of intra-thoracic cancer. Reviewing briefly the chief points of divergence between authorities on the question of the relation to each other of the various forms of so-called cancer (considered generally and without special reference to the lungs), he lays down the provisional classification which he regards as sufficient for the description of the disease as occurring within the chest. And he then proceeds to discuss, or rather to picture succinctly, the morbid anatomy, etiology, duration, modes of death, local symptoms, physical signs, and constitutional disturbances, diagnosis, and treatment. Finally, an appendix, of some sixty pages in length, minutely details the clinical history and post-mortem examination of eight cases observed by Dr. Cockle himself, and includes commentaries on each of these examples.

The pith of this little treatise lies in these carefully noted cases; and the merit of the work consists in the way in which they are made to bear upon special points of difficulty in the diagnosis of cancer within the thorax. We suppose there is no physician of extensive experience who has not encountered, either in his own practice or that of others, cases of fatal chest-disease which have given him a humiliating sense of baffled diagnosis. But of all possible difficulties in the distinction of internal maladies there are certainly none so great as those of the differential diagnosis between thoracic cancer and the several diseases which it often very closely simulates. To have a living picture of these difficulties set before us is of great service; and for this reason we accept Dr. Cockle's work as a clinical guide-book which deserves careful study.

Notes et Réflexions Médico-Chirurgicales sur les Phlegmasies de la Matrice. Thèse pour le Doctorat en Médecine. Par ALEXANDRE BOGGS, Docteur en Médecine, M.R.C.S. Eng., L.M., Ex-Chirurgien de l'Armée Anglaise dans l'Inde. pp. 182. Paris, 1866.

DR. BOGGS is an Indian army surgeon who has sought and obtained the degree of M.D. of Paris, which is no inconsiderable achievement. Each candidate for the degree is required to write and defend a thesis on a subject chosen by himself, and Dr. Boggs fixed upon Inflammations of the Uterus. To us such a term would be too vague, but it probably means in the French school inflammations of the different regions and textures of the womb, considered separately and collectively. The dissertation is divided into four principal parts: 1, Metritis; 2, Endometritis; 3, Perimetritis; 4, Puerperal Metritis. According to our notions, the therapeutic paragraphs which follow should run in the same order, which, however, is not the case. Dr. Boggs draws largely upon the experience and writings of Bennet and Tilt, as also upon his own experience in India. The latter observations are extremely interesting, and prove that the author made good use of his opportunities in the East. More than two-thirds of the thesis are occupied by the consideration of the *causes* of uterine inflammations; and this is certainly no waste of space, as it is extremely important to arrive at clear etiological notions. Dr. Boggs, though a great admirer of Bennet, does not devote his attention so exclusively to the neck of the organ as does the latter author; and he is particularly happy in his remarks on endometritis. The treatment advocated in the different morbid states of the womb is rational, and not tainted with exaggeration. On the whole, this thesis will repay perusal. French readers, especially those who know our language, will easily perceive that the diction is Anglo-French; but it would hardly be fair to find fault with Dr. Boggs in this respect. We would, however, beg permission to tell the author that the last two paragraphs of his preface, though perhaps dictated by a high sense of the dignity of our profession, are somewhat inflated, and shoot beyond the mark.

On the Causes and Treatment of Imperfect Digestion. By ARTHUR LEARED, M.D. Oxon., Senior Physician to the Great Northern Hospital. Fourth Edition. London: Churchill and Sons.

IF we admit the utility of semi-popular and semi-professional works on indigestion (an admission not easy to

make), Dr. Leared's book is to be very favourably regarded; as indeed it has been already, in proof of which we have only to notice that this is the fourth edition, and that the last edition was a large one. The interest of the present edition to the profession is enhanced by an appendix, containing (*a*) An account of some Experiments as to the Cause of Heartburn; and (*b*) Flatulence, and its successful Treatment by a novel use of Charcoal. On both these subjects Dr. Leared has made original experiments which are both instructive and practical. They go far to show that the best charcoal for internal administration is the vegetable ivory charcoal; and this Dr. Leared has ingeniously contrived to have made in capsules, which are easily swallowed.

The Fortnightly Review. Edited by GEORGE HENRY LEWES. September. London: Chapman and Hall.

THE pages of the *Fortnightly* continue to be marked by the ability and the variety which very early obtained for it its high place amongst our periodicals. The present number contains an excellent physiological paper, "The Elements of Muscular Strength," by M. Foster, jun., written in a popular style, and at the same time by the light of the latest researches and speculations on the subject. Another paper in this number should be of some interest to medical practitioners as the production of a member of the profession who has gained a high reputation as a metaphysician. We refer to Mr. Hutchison Stirling's discussion of the question (by which we confess to having been startled), "Was Sir William Hamilton a Berkeleian?" Sir William is acquitted by Mr. Stirling of a charge which, especially as being preferred by his pupil, Professor Fraser, would have considerably astonished himself. A series of articles on the Oxford Reformers of 1498, by Mr. F. Loebohn, and another series on Political Life in Hungary, have for some time past been among the interesting features of the *Fortnightly*.

THE LANCET RECORD
OF
THE PROGRESS OF MEDICINE AND THE COLLATERAL SCIENCES.

THE DETECTION OF POISONOUS ALKALOIDS IN ORGANIC LIQUIDS.

THE medical practitioner is sometimes called upon to examine organic liquids, such as beer, tea, vomited matter, &c., for poisonous organic substances; and since the extraction of them has always been an affair of some difficulty, a method recently described by Wagner in the *Zeitschrift für Analytische Chemie* may be of interest. Supposing the liquid to contain ·002 to ·004 grammes of alkaloid in about a litre measure, the following method is adopted:—The liquid is first diluted with twice its weight of water, and then two cubic centimetres of a solution of iodine in iodide of potassium (127 grammes of iodine to the litre) are added to it. This produces a deposit, which, when separated from the liquid, is dissolved in a dilute solution of dithionite of soda. The second solution is again treated with the iodine solution, and the resulting precipitate is this time dissolved in an excess of sulphurous acid. The solution thus produced, when freed from the sulphurous and hydriodic acids it contains, consists of the alkaloids sought for, in the state of sulphates, and quite free from organic matter. These may now be recognised by the usual tests.

CHEMISTRY OF THE HARROGATE SPRINGS.

According to the recent inquiries of Dr. Sheridan Muspratt, some very remarkable changes of composition have been undergone by the Harrogate springs. Dr. Hofmann's analysis of them in 1854 detected no chloride of iron, but this salt was found in them abundantly in 1865. This is not the only change the springs have shown; sulphates have disappeared in nearly all of them. The following is the analysis of the Montpellier spring as conducted by Dr. Muspratt:—

	Grains in Imperial gallon.
Carbonate of iron	3·106
,, baryta...	·517
,, lime	16·262
,, magnesia	·497
Chloride of calcium	124·112
,, magnesium	56·074
,, potassium	5·408
,, sodium	650·409
Strontium and lithium	traces
	856·385

METAMORPHOSIS OF THE NEMATOID WORMS.

MM. Van Beneden and Leuckart have presented a very important memoir on the above subject to the Royal Academy of Belgium. From the researches of these *savants* it would appear that many of the nematoids undergo a very distinct series of changes of form, accompanied by a change of "host," or of the conditions under which they exist. The inquiries tend to show a relationship between the family of *Ascarides* and that of the *oxyuris*. The memoir we refer to is somewhat fully reprinted in *L'Institut* (August 1st), and from it we learn that the *Ascaris nigrovenosa* of the frog acquires its full sexual development after it has left the animal and taken up its residence in a humid soil. In its parasitic form males only are observed, but when it becomes "rhabditic" both sexes appear.

CONTRACTILE CORPUSCLES OF THE COLOSTRUM.

In a paper read before the Vienna Academy of Sciences, Herr Stricker records some interesting observations upon colostrum. He states that the fresh milk which is secreted during the two or three days subsequent to parturition exhibits two varieties of phenomena in its corpuscles. The observations were conducted under the microscope. The corpuscles at first change form, and then allow fatty globules to escape; from which the author concludes that the envelope of the cells must be made of some very plastic substance, since they show no indication of rupture. Besides these bodies, others of the size of red-blood globules, and having peculiar contractile movements, have also been observed; these are perfectly transparent, and are most probably chyle or lymph globules. The colostrum must be kept at a temperature of 40° centigrade in order to display these phenomena fully.

POISONOUS PROPERTIES OF BISULPHIDE OF CARBON.

M. S. Cloëz, whose experiments have been carried out upon birds, reptiles, and mammals, gives a full account of the true qualities of this substance. The effects of the poison were tried upon rats and rabbits. The animal having been confined beneath a bell glass, some cotton saturated with sulphide of carbon was placed along with it. For a few moments the animal remained perfectly quiet, but then it commenced to rush about with great violence; soon afterwards it moved about more slowly, and sustained some convulsive shocks; then it fell upon its side, still breathing slowly, and in five minutes from the commencement of the experiment it died. Dissection showed congestion of the whole substance of the lung; there was no lesion of the brain; the chambers of the heart were full of blood (the right auricle continuing to contract for two hours after death), and the blood-corpuscles preserved their normal character.

PERSISTENT IMPRESSIONS OF LIGHT.

It is well known to physiologists that when a ray of light strikes the retina, it produces an impression which lasts for about the third of a second. This is the law for common or white light. M. l'Abbé Laborde has now investigated this law in its relation to the coloured lights which compose (?) white light. These coloured rays having different refrangibilities, it struck the French physicist that they must have different degrees of persistence as retinal impressions. He conducted his researches as follows:—Sun-light is directed horizontally from a mirror through an aperture in a window-shutter into a darkened chamber. The aperture is about three millimetres wide by six long. Near it (within the chamber) is placed a disc of metal, in whose circumference there are a number of apertures like that in the shutter. These openings are widely apart. The disc is caused to revolve by clock-

work, and may be made to move slowly or rapidly or be stopped at pleasure. A plate of ground glass being placed in the course of a beam of light, the disc is set revolving. At first the spot of light appears perfectly white; but, as the velocity of the disc is increased, the borders of the spot become tinted, the tints varying with the velocity, and being in their successive order, blue, green, red, white, green, blue. From this experiment the Abbé concludes that the more refrangible colours are also the more persistent, and that they act before the others. The eye decomposes white light, dispersing its colours in *different times*, just as a prism decomposes its colours at *different angles*.

HOW TO DISTINGUISH QUININE FROM QUINIDINE.

The sulphates of quinine and of quinidine are thought to give the same reaction, but Herr Schwartzer has pointed out a significant difference between the two reactions. When chlorine water, ferrocyanide of potassium, and ammonia are added to these salts a red coloration is produced; but in the case of quinine it is *only* a coloration, and it disappears in a few moments, whilst with quinidine the colour is due to a bulky red precipitate which remains. This mode of distinguishing may prove of service to our readers.

ANATOMY OF THE FOVEA CENTRALIS.

Mr. J. W. Hulke has presented a memoir on this subject to the Royal Society. The conclusions at which the author arrives appear of some importance, but in the abstract of the paper which is published in the "Proceedings of the Royal Society," the facts are so obscurely expressed that there is much difficulty in knowing exactly what Mr. Hulke's opinions are. The following structures are met with in the fovea, passing from the outer to the inner surface of the retina:—The bacillary layer and outer limiting membrane, finely areolated connective tissue, the inner granular layer and ganglionic layer much attenuated, a thin granular layer containing optic nerve fibres, and the internal limiting membrane. The bacillary layer contains only cones in the fovea. The cones and rods are naturally divisible into an outer and inner segment, which have different physiological purposes. Mr. Hulke considers that the high refractive power, straight sides, and slender prismatic figure of the outer segment are intended to confine light which may be incident upon the end of the segment and prevent its passing laterally into the neighbouring segments. He thinks that this view is further supported by the fact that "in those animals in which the segment is sufficiently wide to allow a ray of light incident upon the inner surface of its sides at a small enough angle not to be reflected but to pass out, the segment is insulated by a sheath of black pigment."

A MECHANICAL FINGER FOR THE MICROSCOPE.

This is the name which Mr. H. L. Smith, of Kenyon College, U.S., has given to a very ingenious mechanical appliance, which will prove a boon to those microscopists who are engaged in the study of minute hard structures. Since the mere description of Mr. Smith's invention occupies nearly three pages of *Silliman's American Journal of Science* (No. 123), we must refer our readers to this source for details. The instrument seems likely to be extremely useful in delicate manipulation, since it can be made to move about in every direction over the stage, and thus to convey minute objects from one part of the field to another—and this, too, with the greatest precision, and in the most gradual manner.

THE ACTION OF THE HEART.

Dr. G. Paton, of Toronto, records the results of some valuable experiments in a paper published in the *Dublin Quarterly Journal of Medical Science*. The paper merits a careful reading, and from the observations it sums up the author draws the following conclusions: 1. The dilatation of the ventricles is synchronous with the contraction of the auricles. 2. No pause or interval of repose occurs during the dilatation of the ventricle. 3. The diastole of the ventricles precedes the systole. 4. The diastole is produced with a power and vigour which lead to the supposition that it is a vital active movement, and not simply resulting from the mechanical action of the entering stream of blood. Dr. Paton's experiments were conducted chiefly upon fishes and reptiles.

THE BLOOD-GLOBULES IN INANITION.

M. Panum has published a paper in the *Gazette Médicale* in which he opposes the views of Chossat and Bidder and Schmidt. The following are briefly the conclusions at which he arrives:—(1) The proportion of colouring-matter in the red globules does not vary materially during inanition. (2) The relation of the quantity of blood to the weight of the body, as well as the relation of quantity of the principal constituents of the blood, does not vary. (3) The absolute quantity of the blood diminishes, but not in a greater ratio than the total mass of the tissues. (4) The relative proportions of the several constituents of the blood do not vary. (5) The blood must be regarded, not as a material of nutrition, but as the medium through which such material is transmitted. (6) The fibrin and globules are not nutritive matters; but the albumen is, and it is this element of the blood which suffers a slight diminution in quantity during inanition.

THE PACCHIONIAN BODIES.

One of the most elaborate papers which have for some years been published on the anatomy of these structures, is that which appears in the *Quarterly Journal of Microscopical Science*. In this Dr. H. Charlton Bastian describes the results of his own observations, and collates them with those of other observers. Dr. Bastian's views have been to some extent anticipated, as he freely admits in concluding his essay. The Pacchionian bodies he regards as being perfectly continuous with the arachnoid, and being composed of precisely the same histological elements. They do not contain either nerves or vessels. They are covered with an epithelium which is similar to that of the arachnoid, and in some instances is arranged in multiple layers. They result from the fibrillation of a homogeneous hyaline substance, which seems to grow in the form of a branched network, reticulating in every direction so as to produce a pretty compact, sponge-like structure. Very frequently the Pacchionian bodies contain deposits of brain-sand; but the *corpora amylacea*, to which Kölliker alludes, have not been found by Dr. Bastian. Dr. Bastian concludes that these bodies have no serious pathological significance.

THE VEGETABLE CHARACTER OF HETERADENIC TUMOURS.

The *heteradenic* tumours, which we believe were first described by M. Charles Robin, have been very carefully studied by M. Ordonnez, who has come to the conclusion that they are growths of some cryptogamic plant, possibly a fungus, or an alga. When, he says, we compare the histologic elements of these growths with those of the healthy tissue, we are struck with the analogy between the two; but when we apply reagents used to distinguish between animal and vegetable structures, we find that these tumours are chiefly vegetable. Thus ammoniuret of copper totally dissolves all parts of the tumour composed of tubes and vesicles; whilst it has no action upon the fibrous, elastic, and adipose tissues, nor upon the bloodvessels.

THE HISTOLOGY OF ENCEPHALITIS.

Some interesting experiments and microscopical observations on this subject have been published by Herr Stricker. The pathologic condition was produced in young fowls by external injury, and the brains were subsequently examined under the microscope. The first effect of external mechanical injury to the head appears to be the transformation of the true cells into granular ones, which subsequently assume a fibrous form. The capillaries of the part also undergo a change, in the development of numerous fatty granules, which appear along their walls and extend into those branches supplying the parts which are undergoing inflammation. The granular cell does not always exhibit an envelope; for Herr Stricker has seen these cells perform peculiar protean movements similar to those of amœba. The most characteristic feature of the granular cellule is the presence of a great accumulation of fatty granules. In certain cases it does not subdivide like other cells, but is resorbed. The major part of the protoplasm goes to form the fibres alluded to above.

PRESENTATION OF A TESTIMONIAL TO AN ASYLUM MEDICAL OFFICER.—On Saturday evening last an elegant silver inkstand was presented to J. D. Moore, M.D., F.L.S., on his retiring from the appointment of Deputy Superintendent of the County Lunatic Asylum at Lancaster, as a mark of esteem and regard from the officers and servants of the institution.

AT the Truro Town-hall, on Thursday week, it was resolved to devote the surplus remaining of the Lancashire Relief Fund (£136), together with a local subscription of £98, to the relief of sufferers from the cattle plague in and around Truro who are not entitled to Government compensation.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 8, 1866.

THE Report of Dr. EDWARD SMITH on the Metropolitan Workhouse Infirmaries has very naturally been the subject of criticism by the Metropolitan Poor-law Medical Officers' Association. The Poor-law medical officers are in some sort on their defence. They are, not unnaturally, much thought of, either in the way of pity or of blame, in connexion with the faults which it has been our unpleasant duty to expose in the management of the sick poor in the workhouses of the metropolis. Those who have been most familiar with the operation of the present Poor Law, and with boards of guardians as at present constituted, will not have much difficulty in saying whether our feeling towards the Poor-law officers should be one of pity or of blame. They will know that any effort after a better state of things—after the more copious supply of air, light, water, and nursing,—has had its principal origin with the medical officers, whose hygienic sense, quickened by experience of the contrast between general hospitals and workhouse infirmaries, has been shocked from time to time, and has stimulated them to the making of demands which were not intelligible to many of those to whom they were made. And there is nothing of which men tire sooner than making demands beyond the appreciation of those to whom they have to look for help. A perusal of the Report* of the Committee of Council of the Metropolitan Poor-law Medical Officers' Association, appointed to consider Dr. EDWARD SMITH'S Report, will satisfy anyone in doubt upon the point that the Poor-law medical officers are very intelligently alive to what is wanted to make the workhouse infirmaries at all fit for their purposes. It must be a matter of regret that at various parts of the Report they find themselves obliged to differ from Dr. EDWARD SMITH. Only one thing, indeed, could have been more unfortunate than this—viz., that they should have seen their way clear to agree with him. It would have been the last and crowning proof of the incurable badness of the present system, and its demoralising effects on the independence and judgment of its medical officers, if this body of men could have given any uncertain sound upon the plain points on which Dr. EDWARD SMITH has thought fit to express opinions at variance with every respectable authority on the subject of hygiene. If, therefore, it is an unseemly thing to have a medical Poor-law inspector and all the medical staff of the Poor Law in London at variance, we must console ourselves with the assurance that truth will triumph, and that there is hope for the poor yet, and for Poor-law guardians too, if the latter will only be guided by their own medical advisers in matters upon which they should be the best judges. The fault of the guardians is not that they do not know the details of the wants of the sick for whom they are responsible. This is a special and technical knowledge which it is not reasonable to think they should have had in any large degree. But it is that they have often offered a narrow and cruel opposition to the adoption of measures suggested by those who knew that no moral and social degradation can lessen the physical wants of men.

The Committee of the Poor-law Medical Officers' Association, in commenting on Dr. SMITH'S Report, do so under the several heads of "Cubic and Floor Space," "Ventilation," "System of Nursing," "Requirements of the existing Workhouses," "The Medical Officer," "Conclusion." On these various points the following is the burden of their comment.

On the vital matter of cubic and floor space, they make the remark that if Dr. SMITH is right in thinking that 500 cubic feet of space per bed is sufficient, the governors of the London hospitals might plausibly insist on housing three times their present number of inmates, and so, by arrangement with the guardians, make room for the sick poor. But they entirely differ from him in regard to the cubic space necessary. They aver that, even on his own showing, the carbonic acid had accumulated to 0·0802 per cent. at five A.M. in his own experiments performed in selected wards, where ventilation was regulated by trained assistants. We subjoin their objections to Dr. SMITH'S experiments on this point:—

"A. That they were essentially inexact, inasmuch as no account was taken either of *the total amount of air* passing through the wards in which the experiments were made, of *the rate of movement* either at the apertures by which fresh air entered or foul air escaped, or of the total size of the ventilating apertures provided per bed.

"B. That, being thus inexact, the experiments afford no means of estimating the amount of draught which may have been created by the ventilation.

"C. That the mere fact (supposing it correctly stated) that the patients did not find the ventilation disagreeable or hurtful is worth nothing, because the trials were made in warm weather. The same ventilation in winter would have been very different in its effects on the patients.

"D. That the class of inmates in these wards is not described. They may have been simply infirm or chronic patients, and may have borne, without serious injury, an amount of movement of air which would have been dangerous or fatal to the subjects of bronchitis, pneumonia, and kidney disease, and many other complaints which are commonly seen in workhouse wards.

"E. That the experiments took no account of the amount of *organic matter* in the air—a vital point.

"F. That they are quite inadequate in number, considering that they are now put forward as subverting the universal dicta of scientific Europe.

"G. Finally, these experiments are the record, not of the state of average workhouse wards allowing 500 cubic feet per bed, but of selected wards where ventilation was regulated by Dr. Angus Smith's trained assistants."

The medical officers demand, "with even more urgency than before Dr. SMITH'S Report," 1000 cubic feet and 80 feet of floor space per bed.

There will be but one opinion held by the medical profession as to the force and aptness of these objections, and the reasonableness of this demand.

The matter of Ventilation is closely connected with that of cubic space, but the medical officers are careful to say that even 1000 cubic feet will not supersede the necessity for the best method of ventilation that can be secured.

On the question of Nursing the committee remark with satisfaction that Dr. SMITH admits the necessity of abolishing

* This Report is printed for the Association by John Nichols and Son, 8 & 9, Chandos-street, Strand.

the system of pauper nursing. They sensibly observe that if pauper nurses were really efficient they would be found elsewhere than in workhouse infirmaries. They insist on the importance of a superintendent nurse, distinct from the matron, of good education and intelligence. And they think the proportion of nurses suggested by Dr. SMITH, "i.e., about one nurse to thirty-five patients by day, and one to seventy by night," insufficient.

Under the last two heads of the Report, "The Medical Officer" and "Conclusion," are many observations of a delicate kind made seriously and in good taste. The committee represent that the medical officers feel acute regret that Dr. SMITH by implication reflects in one sentence on the medical officers for not having "fully discharged" their duties "in reference to existing defects;" while he says in another, "it is not possible for me to know how far the medical officers have been consulted by the guardians, or with what energy they have pressed their recommendations." It was surely incumbent on Dr. SMITH not to convey ever so remote an impression of censure until he had acquainted himself with the facts of the case. There is one most creditable feature in this Report—viz., the disposition on the part of the medical officers to cheerfully recognise every point of agreement between them and Dr. SMITH. If this disposition be mutual there will be an end of the unseemly want of good understanding between Dr. SMITH and the medical officers. There is one short request on the ninth page of the Report so reasonable that we single it out and beg Dr. SMITH to use his influence to have it granted to the medical officers. We are sure that he would be doing them a great service for which they would be grateful to him. The request is that the clerical work to be done by medical officers should be diminished. Only those who have had experience of this work can know how onerous it is, and how inevitably almost it must be done at the cost of the poor patients, who should have all the time of the medical man. The salaries of Poor-law medical officers may be raised, and dispensers may be provided for them—two measures urgently needed in the interest both of the medical man and of the poor; but in the interest of the poor and in the name of reason we urge that the system which makes the medical officer a huge book-keeper should be altered.

We commend this Report to the consideration of the Poor-law Board and of the Poor-law medical officers of the country generally. It is an excellent contribution to the settlement of the urgent question of the management of the sick poor, and reflects great credit on the intelligence and good feeling of its authors.

WE are glad that a stand was made by Professor HUMPHRY against the position assigned to Physiology at the recent meeting of the British Association for the Advancement of Science. As he rightly said, physiology is second to none of the physical sciences in its high character as a study, and in its practical relations to the wants and well-being of mankind. True, it may not be so popular as some other branches of science; and the British Association, being dependent to a considerable extent on the popular element for its support, cannot ignore that element. The funds which are employed for the promotion of scientific investigation are drawn partly from the casual visitors who attend the meetings, and who are attracted chiefly by the celebrities and the discussions in the Geological, Ethnological, and Geographical Sections, and by the evening lectures. Of this we cannot complain. But there is a danger accruing to it of lowering the scientific character of the Association; and this is perceived and regretted by many of the members. Admitting the great good done by the Association in communicating some knowledge of science to the public, and creating an increased taste for it, and a better appreciation of it, and by drawing in return considerable funds, which it invests in the promotion of science; still we should be sorry to see it confine itself to this work. The estimation in which it is held by the public will soon fall off if it descends in the estimation of scientific men. The pandering too much to popular favour will prove the sure way to lose it. We make these remarks because we think we see here the true reason that physiology has not met with the consideration that it deserves. It is not so popular as some of the other sciences. The papers read on it are often abstruse and difficult of apprehension, even to those acquainted with the subject; and the discussions are apt to be dry, and intelligible only to a few. And this ought to be so. It is a difficult science. Difficulty is inseparable from excellence, and is the best ground for a high appreciation of physiology, and the best claim for its full recognition by, and assistance from, such a body as the British Association. The very causes which render it less attractive to popular audiences commend it to the favour of a scientific body; and we think that a proper consideration will be given to its claims by the Council of the Association, and due position and fair encouragement be accorded it.

One complaint made by Professor HUMPHRY was, that sufficient prominence was not given to physiology, nor sufficient independence of action to its committee. He observed that it was not even mentioned in the programme of the meetings. Biology was announced as one of the sections; but no notice was taken of physiology. We had remarked this with some surprise, concluding, and we suppose others did the same, that it was not intended that it should form a distinct item in the proceedings of the meeting. We understood that there had been some discussion about the matter at Birmingham last year, and supposed, much as such a decision would have been to be regretted, that this was the result. That, however, was not even the case. An intermediate line seems to have been taken. At the first meeting of the General Committee at Nottingham a department of Physiology was created, as though it were an after-thought, and as a sort of appendix to or subdivision of the section Biology. A president and secretaries were appointed, and a committee, the latter being subordinate to the committee of biology; and they had to set to work to fight their way as best they could. Anthropology, we understand, was in the same condition; but as it was the first time the anthropologists had gained a distinct recognition, they were content to get a footing at all. Not so with Physiology. It had long existed as a sub-section of Zoology, and had worked so well that it was considered by many that it ought to be a distinct section. This, indeed, was the ground of the discussion at Birmingham, which has resulted in the lowering of Physiology from a sub-section with independent officers properly announced in the programme of the meetings, to a dependent and unannounced department.

The distinction is important, and Prof. HUMPHRY deserves thanks for not yielding a tame submission to such an arrange-

ment. If physiology is to form a distinct item in the Association, as it unquestionably ought to do, and as it for many years has done, let it be acknowledged and announced; let its officers be chosen in the same manner as those of the other sections; and let them have the same independence of action. Physiologists will then have an assurance which they cannot now have that their branch of science will receive its due share of attention, and they will be encouraged to make communications, and will attend to join in the discussions. If this be not done, we cannot be surprised that they stay away.

Medical Annotations.

"Ne quid nimis."

CONTRACTION OF CONTAGIOUS DISEASES BY SUMMER VISITORS.

THERE is no sadder experience than to go to the seaside or the lakes, or any other place, in quest of a higher style of health, and there to contract a dangerous and perhaps deadly disease. And yet this seems a very frequent experience. We lately heard of a gentleman taking his wife and six children to a place in Wales. In another apartment of the house in which they lived, and into which their children were taken, was a young lady recovering from scarlet fever. In a few days three of the children sickened, all within a few hours, and passed into scarlet fever, from which they recovered. Later on, the lady, the mother of the children, sickened with the same disease and died; and the family that had gone out of town in health and happiness came back motherless and in the deepest grief.

Last year a clergyman preached in his own church in London, as usual, on the Sunday. Thereafter he went down to Keswick, and engaged apartments for himself and family. He took ill of scarlet fever, and died within a week. Two or three children suffered very severely from the disease, but recovered. It was then discovered that a servant in the house had scarlet fever the week before the arrival of the clergyman.

Last year, a family, consisting of father, mother, and three children, took lodgings at Hastings. After being there a little time, it was discovered that a member of the family of the householder was ill with small-pox. The lodgers immediately moved out, and engaged other apartments for a week, *during which time, to their knowledge, their former apartments were re-let.* On their return home, all the three children and the father, if not the mother, were attacked with small-pox.

We shall only give one more illustration of the great evil we are exposing, but it is more shocking than the rest. A few years since a family, consisting of a lady and gentleman and three young children, went to Margate for change of air. They went into apartments, which they afterwards found had only that morning been vacated by persons suffering from typhus fever. They had not been there more than a week or two when the lady took the fever. They all returned home. Her eldest child and her youngest sickened with it, and afterwards her husband. Within a few weeks the whole family were swept off by typhus with the exception of one little child.

These illustrations could be multiplied *ad libitum*. They point to a fearful and most treacherous way of spreading contagious diseases. When we are all congratulating ourselves on the passing of a Sanitary Act giving powers for preventing the spread of these diseases, it is reasonable to ask if it contains any clause likely to diminish this evil. It certainly does. The 39th clause imposes a penalty upon persons letting houses or rooms in which infected persons have been lodged without first disinfecting the house or room and all infected articles to the satisfaction of a qualified medical practitioner. This penalty is not to exceed twenty pounds. There is no provision for compensation. In the nature of the case such a provision would have been useless. It will henceforth be the duty of every person contracting contagious diseases in apartments let by persons knowing them to be infected to prosecute the latter with the utmost rigour of law. Of course, this procedure will sometimes operate harshly on the persons letting the apartments. But they have the power to protect themselves, by declining to receive all families in which there has recently been contagious disease, or by insisting on such terms as shall compensate them for a subsequent temporary disuse of their house and for the expense of its disinfection. But while pointing out this great evil and the attempt of the Sanitary Act to provide a remedy for it, we advise all persons about to take apartments to procure certificates of their freedom from infection—in other words, to rely on themselves rather than on law for immunity from the danger we have pointed out.

VOLUNTEER NURSING.

THE nursing of the sick by ladies is now a great fact. Here and there governors of hospitals and boards of guardians may raise, if they will, the oft-repeated cry of "proselytism," or any other foolish excuse for preferring the imperfections of former days to a system which embodies intelligence, the keenest sympathy, and refinement. But the truth must prevail. The nursing by ladies is the very best nursing that England has ever seen; and we live in days when the very best of anything is apt to take its proper place in spite of all obstructive interference from ignorance and prejudice. The women of England are finding in the care of the sick an outlet for their energy and sympathy—a work which is no less interesting than useful, and which, like the quality of mercy, is twice blessed. For it is no small part of the advantage connected with the system that the regular occupation entailed by it is most favourable to the personal health of those engaged. How often and how long have women, unblessed by domestic duties, sighed after earnest work—yearned for some mode by which they might feel that the world was being helped along by something they could do! The recent epidemic of cholera has especially served to bring into prominent relief the advantages of volunteer nursing. The disease is one which necessitates more than any other constant watchfulness and attention on the part of nurses. The work done in the London Hospital, in St. George's-in-the-East, and in the Commercial-street Hospital, virtually settles the question as to the capability of ladies to engage with advantage in the nursing of the sick. Those only, however, who have watched the progress of the epidemic can fully appreciate the enormous help which has been given by lady volunteers in the trying scenes from which the East of London is just now emerging. Doubtless these women need no thanks; but we would wish them to know that the medical profession at least, by whose side they have worked, are fully alive to the value of their generous efforts.

WATER-SUPPLY IN WHITECHAPEL.

WHITECHAPEL has been most severely visited by the cholera. Mr. Liddle, the able medical officer of the district, in his Annual Report just issued, and dated 7th August, says that although a great improvement has been effected in the water-supply, it is still far from being in a satisfactory condition. There are at the present time twenty-four courts in this district which are supplied with water from a stand-tap only, from which water flows daily, Sundays excepted, for a period of about twenty minutes; and if the inhabitants are not at home when the water is turned on, they must go without a supply or obtain it from their neighbours. In most of the courts where there are butts or cisterns the receptacles are not sufficiently large to hold what is required for the daily use of

the inhabitants; moreover, when a butt is provided for a house, it is generally found that it is without cover or tap, and in a very dilapidated and dirty condition. The only proper method of supplying water to poor localities is to have it direct from the main, without the intervention of any receptacle, so that the inhabitants can at all times procure good and wholesome water for domestic use. All that is required to be done to effect this desirable object is for the landlords to make arrangements with the water companies so that a pipe, having a small bore, might be connected with the main. This pipe should be provided with a well-made screw tap. All the houses—about eighteen in number—in New-court, Fashion-street, are supplied with water in the way above indicated. The taps do not readily get out of order; for, upon inquiry, it was found that during a period of nine years it had been necessary to renew the tap only once. The constant supply will not become general until there is an amendment of the Metropolis Water Act (1852). The fifteenth clause of this Act provides that when four-fifths of owners or occupiers of the houses supplied by the main shall, by writing under their hands, have required the company to provide a constant supply of water, then the company shall be bound to provide a supply in that manner. This clause is practically inoperative, in consequence of the difficulty of obtaining the desire, in writing, of four-fifths of the owners or occupiers of the houses. It should be made compulsory on companies to supply water on the high-pressure system to every locality that the local board shall require to be thus supplied. There is now considerable difficulty in obtaining a proper supply of water to the poor localities; and if landlords are contumacious, and refuse to lay on a proper service for a due supply of water to their tenants, then the only way of compelling them, Mr. Liddle thinks, is by taking proceedings for overcrowding in the manner provided by the Nuisances Removal Act for England (1855). It is probable that there would be very little difficulty in procuring an adequate supply of water for every house if it were enacted that the word "nuisances" in the eighth section of the Nuisances Removal Act should include any house not having a sufficient water-supply.

THE TOOMER CASE.

THE case of Mr. Toomer, who was lately convicted at the Berkshire Assizes for a rape upon Miss Partridge, has an importance apart from the question of justice to the accused, since it has a peculiar bearing upon the value of medical testimony. Charges such as that which was brought against Mr. Toomer are unfortunately the easiest to make and the most difficult to rebut. The medical evidence in such cases is generally regarded as of the utmost importance to the issue. There may be circumstances in a case of violation as to which the medical evidence adduced either for or against the prisoner might be accounted as only secondary testimony. These circumstances it is scarcely necessary to more particularly allude to. But it may be well to state that where the primary evidence is entirely satisfactory the medical witness may occupy an unimportant position. The case, however, is very different when the evidence of the principal witness is unsatisfactory and inconclusive. Then it is that the medical testimony should be accepted by the judge and the jury as conclusive. We have no hesitation in stating our conviction that Mr. Toomer was convicted of an offence which it is simply impossible he could have committed. Mr. Maurice, the surgeon called for the defence, is a gentleman of ability and experience, and it is inconceivable that if any violence had been attempted or carried out marks of the struggle would not have been manifested. There were no such marks; and in our opinion Mr. Maurice's evidence should have been looked upon as tantamount to the acquittal of the prisoner. The legal bearings of the case have been so admirably argued by the press generally that we refrain from alluding to them in our columns. We treat the question in its medical aspects. Upon these no surgeon of the slightest pretensions to occupy a respectable position in his profession would hesitate to say that Mr. Toomer has been unjustly convicted. If the sentence of the judge is really to be carried out in this unfortunate case, it will be most lamentable.

Medical testimony may in certain disputed questions be regarded as open to doubt; but when that testimony not only corroborates but absolutely substantiates the value of a legitimate defence, it would be perilous to the public interest to undervalue it. This is not a case in which, as in a civil action, the testimony of opposing medical witnesses has to determine the amount of damages. It has a higher import than this. It is a question of fact against opinion. Mr. Maurice's evidence was as to a matter of fact. And if that unbiased evidence be ignored, a stain will be left upon the jurisprudence of this country.

ILLEGAL PRACTICE IN FRANCE.

A SHEPHERD named Louis, in the pursuit of his calling, remarked that his flock carefully refrained from touching a certain plant. Wishing to wean some lambs, he determined on testing its repellent powers, and applied it to the teats of certain ewes. This not only proved effectual, but, to his surprise, caused the shrivelling up of the teats, and finally their dropping off! Reflecting on this fact, he now, like a true martyr, determined on removing a large excrescence from his own nose by the same powerful remedy, which after a few days was effectually accomplished; hence the origin of the secret method of cure for which he was brought into Court. The evidence put in showed that he had by this remedy successfully removed a large tumour from under the ear of a M. Bonaventure, formerly a Cent-garde of the Emperor; a wen from the neck of a keeper of the Bois de-Boulogne; and an encysted tumour from the ear of an *attaché* of the Minister of Marine. Notwithstanding the attempts of counsel to prove that corns and warts might be removed by lay practitioners without infringing the law, external remedies being alone used, as was the practice of M. Louis in destroying tumours, the Court found him guilty, and inflicted a fine of 15 fr.—a punishment so trifling that we fear it will not deter him from continuing his practice.

The herb in question is probably one of the Ranunculaceæ, which contains an acrid principle, and which when applied to the skin excites destructive inflammation.

THE VALUE OF SEWAGE.

THE Reclamation Company, now actively engaged on the north side of the Thames, has already tested the value of the metropolitan sewage, and contemplates its regular and systematic utilisation on a farm which the company is about to purchase.

We give the following details as the result of its first labours, which, whether viewed in a sanitary or commercial light, we take to be of the highest importance. Early in April last a plot of waste land at Barking Creek, devoid of surface soil, was covered with common sand brought from Mappling, near Shoeburyness, to the extent of two feet thick, on which was sown grass seed. The surface was then well irrigated with ordinary London sewage from the northern outfall. This has been repeated once or twice. The effects of this *manufacture of green meat*—for such, indeed, it may be most justly considered—has been the production of *three crops:* one cut in June and July, at the rate of sixteen tons per acre; a second, of eight tons; and a third now growing, and almost ready for the scythe! This illustration of the value of what we have for generations cast into our rivers as waste almost surpasses belief, and, at any rate, ought to engage the serious attention, as it is now doing, of all practical economists.

THE MEDICAL CLUB.

THE Provisional Committee of the new Medical Club suggested by Dr. Lory Marsh held a meeting at Mr. Propert's, New Cavendish-street, on Tuesday last. Mr. Propert presided; and there were present Dr. Fraser, Dr. Lory Marsh, Dr. Foster (Birmingham), Dr. Stillwell, Dr. Richardson, Mr. Slaughter, Mr. Grigg, R.N., Mr. Swaby Smith, and others. The report of the honorary secretary was very favourable, and the number of members promised was so well advanced that it was decided to hold a general meeting in October next; and a small committee was formed to initiate the work of organizing the establishment of the Club. Mr. Propert was also elected treasurer. Amongst other resolutions passed at the meeting was one of importance, for admitting to membership representatives of the sciences allied to medicine.

ABOUT this time last year we ventured a few words of advice to authors as to the selection of titles for medical works, and urged the abandonment of "sensational headings," we are happy to believe not without effect. We have now to call attention to another failing on the part of some medical authors which is more serious—the foisting of old editions of works with new title-pages upon the public as second editions. There are on our table at this moment the "second editions" of two works which shall be nameless. In one the tint of the paper betrays the fact that two leaves only, together with the title-page and preface, are new, the remainder being the unsold sheets of an unsuccessful issue. In the other, the author, who binds up a second treatise with his original production and then dubs it "second edition," coolly states in his preface that "the first edition having been exhausted he was asked to have it reprinted," &c. Such proceedings are unworthy both of authors and publishers, and, if repeated, must be exposed with less mercy and with more particularity.

DR. BALLENDEN, Sen., of Sedgley, was brought before the Sedgley Police-court, charged with having taken advantage of the presence of a female patient to commit an offence of the most revolting character. The complainant was a widow, who swore most circumstantially to the facts. Fortunately for the cause of truth and justice, it was proved by the evidence of two respectable witnesses that the alleged crime could not possibly have been committed without their cognisance. And if this testimony needed corroboration, it was shown that a party of ladies and gentlemen were playing at croquet on the lawn, on to which the window of the consulting room opened. The local press has been unanimous in exposing and denouncing the attempt to blast the character of a highly honourable member of our profession by the trumping up of a charge which "is so easily made, and so difficult to disprove."

GLASGOW MEDICO-CHIRURGICAL SOCIETY. — At a meeting of this Society held in the hall of the Faculty of Physicians and Surgeons, St. Vincent-street, on Sept. 4th, the following gentlemen were elected office-bearers: — President: Dr. Allen Thomson. Vice-Presidents: Dr. Robert Paterson, Dr. Coats. Council: Dr. Naismith (Hamilton), Dr. W. T. Gairdner, Dr. Yeaman, Mr. Robertson (Renfrew), Dr. Dewar, Dr. Tindal, Dr. G. H. B. Macleod, Dr. A. R. Simpson. Secretaries: Dr. James Adams, Dr. Robert Perry. Treasurer: Dr. H. R. Howatt.

BRADFORD INFIRMARY.—It has been determined to raise a fund in connexion with this infirmary, to be called "The Outhwaite Convalescent Fund," in order to perpetuate a grateful remembrance of the many valuable services rendered by Dr. Outhwaite during many years to the Bradford Infirmary, and the kind interest which he has always shown in the prosperity of the institution. A very influential committee, headed by the mayor, has been appointed to carry out the object.

Report
OF
THE LANCET SANITARY COMMISSION
ON THE
EPIDEMIC OF CHOLERA IN THE EAST END OF LONDON.

No. III.

Investigation of the influence of the river Lea and the canals in connexion with it upon the cholera epidemic in East London. They appear to have had no particular influence. The water-supply of East London the only apparent cause of the outbreak, and a highly probable one. But evidence of the contamination of this water with choleraic ejecta as yet wanting. Investigation as to whether the cause of the East London cholera visitation has been in action throughout the visitation, or only at its commencement. It appears to have acted only at the commencement of it.

EVERY time a disease prevails epidemically in London or any part of London, its imperfect sanitary conditions are strongly insisted on by the local medical officers and others who take an interest in the public health. In the epidemic of cholera at the East-end, now apparently passing away, we have been reminded of the very imperfect drainage of the district; of canals and river courses through the district carrying water horribly offensive to smell and sight alike; of the attendants of poverty—crowded houses and dirty habits—among the hard-faring part of the people; of the unsatisfactory mode of supplying water for a short time only each week-day, and not at all on Sunday; of the mode of storing water in open butts close to privies and dust-bins, and in cisterns over watercloseta so arranged as that the gases from the closet shall be passed through the water every time the pan is flushed; and, lastly, of the objectionable character of the drinking water drawn from a river extensively navigated, and receiving the sewage of different towns and villages on its banks. And most important is it that this should be done. No one familiar with the laws of life can doubt of the deleterious influence of each and all of these imperfect sanitary conditions upon the health of a community exposed to them. But it must be remembered that such conditions are equally powerful to do harm at any time unless other circumstances are present to modify them. Thus in the case of East London it cannot be supposed as very probable that any or all of the conditions just referred to have brought about the presence of cholera in the district, inasmuch as these conditions have been long in action under apparently similar climatal states to the present, either at previous parts of the present year or in former years. Still, if not probable, it is possible that cholera may have been thus produced, so that it is on this ground important that these circumstances, undoubtedly unfavourable to health, should more particularly be removed as much as possible during a visitation of cholera, and that observations should be made with the view of detecting what influence they have in causing such a visitation.

And then there is the much stronger ground for so treating these circumstances, that they almost to a certainty greatly favour the propagation of cholera. Impure drinking-water may bring, suspended or dissolved in it, matters thrown off by a cholera subject; overcrowding may cause contact of cholera subjects with persons free from the disease; unclean habits may cause persons to take into their systems choleraic matter derived from others, and so on.

Now there is one of the objectionable states of things in East London which has caused particular outcry during the present epidemic, and that is, the influence of the foul waters of the Lea and of the Limehouse cut in polluting the atmosphere in their

neighbourhood. And it may be questioned whether this state of things is not the principal cause of the localization of the cholera. We believe that many are disposed to attribute the prevalence of cholera to this pollution of the atmosphere with foul gases, and to acquit the supply of drinking-water of any influence in the matter. The facts of the case, however, will hardly bear out such a belief. Let us examine them.

The East London cholera field is bounded on the south by the Thames; and the eastern boundary line of the registration districts is the river Lea. Along the Thames bank are the basins and channels of the different docks; while the south-eastern corner of the registration districts is cut off from the rest by the Limehouse cut running from the Thames to the Lea at Bromley. Passing up nearly through the middle of the cholera field is the Regent's canal; and along part of its northern margin is the continuation of this canal and its eastern branch (Sir George Duckett's canal), which joins the Hackney cut about half a mile above Old Ford.

Now, with regard to the Thames, its influence has not been shown by any marked degree of localization of deaths in the East London district, and has not been felt elsewhere along its banks. We proceed, therefore, to consider the influence of the Limehouse cut. Half the Limehouse cut, as nearly as possible, lies in Limehouse; and the other half in Bromley—Bow sub-district. The Limehouse cut and the Regent's canal (which also runs through Limehouse) may be said to divide the sub-district into about three equal parts, as regards the inhabitants. We have pointed off in red ink on one of Cassell's large maps of London the deaths by cholera which appeared in the Registrar-General's returns for the week ending July 21st—that is, for the first week of the marked prevalence of cholera in the east-end of London. From this map and the returns themselves we deduce the following facts concerning these deaths:—There were 43 deaths returned; but of these we have only been able to indicate the places where 33 occurred. Of these, 5 only occurred within a distance of not less than from 150 to 250 yards of the cut—namely, 1 on the 16th, at No. 8 Gill-street, and 1 on the 20th, at No. 21 Gill-street, both seized with illness on the 16th; 2 in Old Church-road, both taken ill on the 17th, and one an *undertaker's* assistant; and 1 in Salmon's-lane, seized also on the 17th. The other deaths in Limehouse may be said to have occurred as far away as they could from the cut. So that an inspection of our map is not at all suggestive of the Limehouse cut being the starting-point of cholera in this district. As the cut passes into Bromley, it borders on the north-west corner of Poplar. Out of 52 deaths recorded for this sub-district, but one or two occurred in this corner.

In its course through Bromley, the Limehouse cut does not pass through the densely inhabited portion of the district, except at its upper extremity, where it passes through what we believe is called Bromley Old Town. In this patch of closely packed streets about seven or ten deaths were recorded; we cannot be exact, as the locality of some deaths we have not been able to make out at all, and three which occurred in Charles-street may have been in a Charles-street which is in Bromley New Town. These have occurred within a distance from the cut varying from one hundred to three hundred yards; but then this distance almost includes the whole patch of streets in this neighbourhood. By itself, however, it might fairly be taken to suggest the influence of the cut. But then the deaths occurred not any more closely together here than they did in other thickly populated parts of the East of London, away from canals or rivers; and thirty other deaths occurred in this sub-district, away from the cut or the river Lea, except two or three in the north part of Bromley New Town, three or four hundred yards from the cut, and one or two at Bow, near the Lea. And here, again, the appearance of our map is not suggestive of any localizing influence beyond perhaps that of density of population. As to the river Lea, the evidence of its vapours having brought on cholera is inconclusive, for through most of its course along the border of the Poplar district it is removed from habitations. About its mouth, however, there are thousands of men employed near, at the Thames Iron Works and Shipbuilding Company's Yard; yet the seizures with diarrhœa and cholera, though many, have been nothing remarkable when compared with other districts, so far as we can learn. At the point where the Limehouse cut leaves the Lea occurred the deaths which we have spoken of as having taken place in Bromley Old Town; and the Lea has equal claims, such as they may be considered, with the Limehouse cut to be their cause.

Now we turn to the Regent's canal, and here perhaps we find the case not so unfavourable, if anything, to the supposition that the vapours from a foul canal may cause cholera to spring up, although it has received but little censure compared with that bestowed upon the Limehouse cut. But in this case also we do not ourselves see any real signs of such an effect. In its course northward from the Thames to Victoria-park we may observe on our map a number of deaths that took place in its vicinity during the week ending July 21st. For instance, 2 at least of the 14 deaths in Ratcliffe, 15 to 20 or more of the 43 in Limehouse, 5 or 6 of the 33 in the Eastern sub-district of Mile-end Old Town (although the canal passes through a rather thinly populated part of the sub-district), and 7 or 8 of the 30 in the Green sub-district of Bethnal-green. But then, on looking at the map we have prepared, we see the red points indicating deaths in the week ending July 21st as irregularly and about as thickly scattered near the canal at this part as they are in the rest of the cholera field. And besides, in its westerly course towards Regent's-park it is out of the cholera field, instead of in the midst of it as it should be, supposing it were the cause or one of the causes of cholera. Its eastern continuation—Sir George Duckett's canal—is, however, in this field; but only 2 or 3 deaths occurred near it out of all those in Bow.

If now, passing on from the week of the "explosion" of cholera in the East of London, we examine the distribution of deaths over the cholera field during the next two weeks—that is to say, the weeks ending July 28th and August 4th,—we shall be surprised to find that the Limehouse cut, the Lea, and the Regent's canal seem to have exerted as little immediate influence in spreading cholera as they did in first bringing it out. In Limehouse, only a seventh, or at most a sixth, of the deaths in the week ending July 28th occurred within 200 yards or so of the Limehouse cut—a proportion which is less, if anything, than what it ought to be, since a strip of land along the cut 200 yards wide is a third or more of the whole sub-district, though only half of it is thickly populated. In the next week scarcely any deaths were recorded near the cut in Limehouse. So in Bow sub-district, not a seventh of the deaths appear to have happened near the Limehouse cut and river Lea in the week ending July 28th, and a far smaller proportion in the next week.

In the case of the Regent's canal, perhaps as much as a fourth of the deaths occurred within 200 yards of it in Limehouse during the week ending July 28th, and a somewhat smaller proportion during the following week. Along Sir George Duckett's canal, within 200 or 300 yards, possibly occurred as much as a fourteenth of the deaths in Bow in the week ending July 28th, and in the next perhaps even a tenth.

The only conclusion we can draw from the above observations—and it is not just the one we ourselves expected to arrive at—is, that the canals and the Lea have had no evident special effect in causing cholera, or, perhaps we ought to say, *fatal* cases of cholera, for to such have we had to confine our attention.

We seem, therefore, to have no apparent cause for the extensive and practically simultaneous occurrence of cholera over the East London field, except that of the supply of drinking-water; for conveyance of the cholera poison over this field can hardly be supposed to have been effected by the movements of persons in such a short time, and much more so since it was not similarly carried over other parts of London. Besides, the cholera did not spread over the east of London, but broke out in all parts at once. Nor can the atmosphere be supposed with any probability to have brought it to East London, else why not also to other parts of London in equally bad or in worse conditions than parts of this cholera field.

Whereas, as regards the supply of water, we have, in the first place, the remarkably close coincidence of the limits of the East London cholera field with those of the district supplied with one kind of drinking-water, except that this district runs some distance north of this field—an exception which, as we have shown in a previous report, admits of a not unlikely explanation by the fact that this outlying district is differently supplied with water by the company. But perhaps it will be fairer to let this exception stand as such.

Secondly, we have just such a general scattering of cholera attacks over the district in two or three days as is only explicable on the supposition that some means was set in action to distribute the cause over all the district at one and the same time. On looking at the map we have referred to, we observe the death marks scattered very generally about according to the density of the population, as indicated by the closeness of the streets to each other. Even in this week, however—the one to which our map refers, the first of the great outbreak,—we notice instances of two or three deaths occurring close together, and these we may suppose to have been caused by the spreading of the disease from one person to another, though, of course, the proximity of these deaths to each other may have been accidental, or at least have been due to the unhealthy condition of the persons in the visited streets.

These two points, taken in connexion with the knowledge obtained in past epidemics of the capability of water to convey cholera into a locality, render the belief that the East London water has been at fault in some way exceedingly probable. But then it seems requisite, according to what has been made out on former occasions, that water to acquire the property of communicating cholera must be contaminated with the ejecta of some subject or subjects of cholera, or, just possibly, with the excrementitious matters of other persons which have undergone such a change as to be capable of exciting cholera in anyone unfortunate enough to get them in contact with the surface of his alimentary canal. Now, while the water supplied to East London has been and is still contaminated with the excrements of many individuals, as we pointed out in our last report, there is no evidence we can at present adduce to prove that any of these individuals were subjects of cholera at the time. If we had learned that the open reservoirs or the Lea at Old Ford had been made to furnish some of the water sent out by the water company, or if leakage or soakage had taken place from the Lea into the company's covered reservoir at its side, we think there would be good grounds for believing that ejecta from cholera subjects had thus got into the water. For, from the vessels arriving in the Thames containing such subjects, the Thames water would get charged with these ejecta near the mouth of the river and the entrance of the Limehouse cut, and thence be carried by the tide up to and beyond Old Ford. But, as we have already reported, the information we received was so far opposed to this supposition as that, if it were correct, the fact of its being so was unknown to the company's responsible officer. We have, therefore, to set aside this supposition for the present. There is then the possibility that Cobbin's brook brought cholera matter from Epping; but this, too, at present is but a bare supposition, and one not much favoured by facts, if drainage from Theydon-Bois does not pass into this stream.

An interesting point suggested itself to us for investigation, as to whether the cause which developed the cholera over East London has been in operation from the first, or whether it ceased in a few days after the outbreak, the deaths occurring afterwards having been caused by cholera matter conveyed from the initial cases. But the means for a direct determination of this point are wanting to us. Were we able to learn the residence of all persons attacked with cholera or choleraic diarrhœa, and the respective times of their seizure, we might succeed in showing that after the first week the fresh cases of cholera were derived from previous ones. With a record of the fatal cases only we cannot succeed in doing so, though we have tried. We think, however, that evidence on this point is indirectly obtainable, as we shall endeavour to show.

The presence of cholera to a small extent all over London during the present epidemic—leaving out the eastern part since the second week in July—is to be accounted for, with every degree of probability, by the circulation over it of infected individuals or substances. In the third week of July there was an increase in the number of deaths in different parts of London, but that in the eastern part was vastly greater than that in the others. The fact of this disproportionate increase, it is needless to say, forms the ground on which the assertion is made that some special cholera-producing influence began to act upon the east of London at or just before that time. Now, on comparing the fluctuations in the number of deaths from week to week or from day to day in East London with those in the rest of London after the third week in July, a general correspondence is observable between the two sets of fluctuations. Hence it is pretty certain that the special cholera influence has ceased to act upon the east of London since the third week in July, for from that time the cholera mortality numbers have risen and fallen in this part of London much as they have done in other parts. It is true, perhaps, that the extent of cholera in these parts may have been affected by the greater or less facilities which the extent of cholera in the east of London may have afforded to the spreading of the disease; but this cannot have been the case to a material degree.

Still further evidence on this subject is to be obtained by a consideration of the fluctuations in the numbers of deaths. Together with the general correspondence between the fluctuations of the death numbers in East London with those in the rest of London since the third week in July, there is a tendency of the death numbers for East London to come down each week; for the ratio of the number for any one week to that for the preceding (except in the case of the fourth week in July) is less than the ratio of the corresponding numbers for the rest of London. This tendency was so marked last week as to interfere with the fluctuation-correspondence: though the deaths were more numerous last week than in the week before in the parts of London beyond the East London water field, they were less in this field itself. For instance, in the week ending August 4th, cholera deaths were $1\frac{1}{4}$ times more numerous in the East London water field than in the previous week, while in the rest of London they were $1\frac{2}{3}$ times what they were in the previous week; and in the week ending Aug. 11th, only $\frac{8}{11}$ in the East London water field of what they were the week before, and $\frac{5}{6}$ in the rest of London.

We subjoin a table of the numbers upon which we reason:—

Ratio of the number of deaths in each week to that in the preceding week.

	Week ending July 21st.	Week ending July 28th.	Week ending Aug. 4th.	Week ending Aug. 11th.	Week ending Aug. 18th.	Week ending Aug. 25th.	Week ending Sept. 1st.
East London Water Company's district	$\frac{309}{20}=15\frac{1}{4}$	$\frac{815}{309}=2\frac{3}{4}$	$\frac{931}{815}=1\frac{1}{7}$	$\frac{679}{931}=\frac{8}{11}$	$\frac{368}{679}=\frac{6}{11}$	$\frac{196}{368}=\frac{8}{15}$	$\frac{122}{196}=\frac{5}{8}$
The rest of London... ...	$\frac{37}{12}=3$	$\frac{89}{37}=2\frac{1}{3}$	$\frac{122}{89}=1\frac{1}{3}$	$\frac{102}{122}=\frac{5}{6}$	$\frac{83}{102}=\frac{4}{5}$	$\frac{69}{83}=\frac{5}{6}$	$\frac{76}{69}=1\frac{1}{19}$

This table is read thus:—In the week ending July 21st the deaths were $15\frac{1}{4}$ times as many in the East London Water district as in the previous week; in the next week, $2\frac{3}{4}$ times as many as in the previous week; and so on.

Now this state of things is just what we ought to expect on the supposition that the special cholera influence ceased to act on East London about the end of the third week in July. For then East London, being again placed in the same general circumstances as regards cholera as the rest of London, its exceptionally high death numbers ought to tend to gradually come down to the same value as those for London generally. There is therefore fair ground for the belief that the exciting cause of the "explosion" of cholera was in action for a short time, and then ceased to act, either entirely or nearly so.

Cholera mortality in the East London Water Company's district as compared with that in the rest of London during the weeks ending August 25th and Sept. 1st.

Of the 265 cholera deaths which occurred in the week ending August 25th within the limits of the registration districts of London, 196, or very nearly three-fourths of 265, happened in that part of London supplied with the water from the Lea. Of the 198 deaths registered for the week ending Sept. 1st, 122, or not quite two-thirds, occurred in the district supplied with water by the East London Company. The disproportion, therefore, in the distribution of deaths is becoming gradually less.

In the former week, the cholera deaths occurring near the boundary line of the East London Water Company's mains were as follows:—In Aldgate sub-district, 7 deaths within the line, none outside it; in St. Botolph, 2 outside, none within

the line; in Goodman's-fields, 1 within the line, none without it; in the North and Church sub-districts of Whitechapel 5, exclusive of a patient from Shadwell in the London Hospital, within the line; in St. Leonard, Shoreditch, 1 without the line, none within; in the Hackney-road sub-district of Bethnal-green, 2 near by the line; in Haggerston West, 2 outside the line; besides 1 in Albion-place, the situation of which we do not know.

In last week, 2 deaths occurred in Aldgate, both east of the boundary line; in St. Botolph, 1 west of it; in Goodman's-fields, 2 (1 in the London Hospital), both east of the line; in Holywell, Shoreditch, 1 east of the line, and 1 west of it; and in Haggerston West, 1 west of the line. One person died in the London Hospital who came from Bullstake-court, the locality of which we have not made out.

It will be seen from these data that no marked occurrence of deaths on one or other side of this line is any longer manifested, the cholera now continuing in the east of London, as in other parts, from causes independent of the quality of the drinking-water.

CHOLERA CORRESPONDENCE.

DR. M. CORNER suggests a treatment for cholera which he has found very successful. He says:

"The primary objects to be desired are the destruction of the cholera poison and the promotion of the return of the functions of the large secreting organs, the liver and kidneys. I have for some years prescribed the liquor potassæ to relieve the effects produced by the ingestion of tainted and unsound food or drinks, and with the most beneficial results, thus proving the solvent and detergent power of the drug upon decomposed organic matters. Entertaining the belief that similar organic changes are the remote origin of the cholera poison, I had already determined, upon the first available opportunity, to test the effects of its administration. This I have done, and with most favourable results. I believe in this solution of caustic potash we have the best known remedy or antidote for the cholera poison. The next important desideratum is the restoration of the suppressed biliary secretion. To promote this I have used the drug taraxacum, and with the best results, bile being reproduced in the ejecta after one or two doses. It causes the *secretion* of bile, whereas calomel causes only its *excretion*. This I considered would be rational treatment, and the results of my experience have fully proved the proverb, 'Ratio justifica.' The extensive outbreak of cholera in this district (Mile-end) has given me ample opportunity to prove the efficacy of this plan as a fundamental basis of treatment. With the view of conserving the fluids of the body, I have at the same time administered astringents, the best being acetate of lead, and large quantities of fluid nourishment, and opium when the cramps are severe.

"My present object has been merely to give a brief general exposition of the treatment adopted, and not to enter into details as to the *rationale* or *modus operandi* of the remedies employed. The formula I have employed is—liquor potassæ, twenty to thirty minims; liquor taraxaci, half a drachm to a drachm; tincture of opium, five to ten minims, every half hour until the symptoms have abated. To control the vomiting, sinapisms to the epigastrium, or a liniment of tincture of belladonna, chloroform, and soap liniment, which may also be rubbed into the spine. But the administration of the medicines mentioned is the essential, and with me has been the successful, principle of the treatment."

Mr. J. G. FRENCH writes:—

"In illustration of the suggestions contained in the leader of your journal of the 11th inst., that the treatment of cholera should rest upon a knowledge of the subject rather than upon *drugs*, I submit the following case, which may serve as a fair example of epidemic diarrhœa of severity.

"Timothy C——, aged forty-nine, a tramp, who had slept in the St. James's casual ward the previous night, applied for medical aid on the morning of the 10th of August. His gait was unsteady; face pinched, and expression haggard; his voice weak, and surface below the natural temperature. He said he had had diarrhœa for two days past, and this morning at five it became more violent, accompanied with vomiting. He now complained of cramp all over the body, and appeared to be in great pain. Has had several doses of medicine for the diarrhœa at different places, but they were rejected by the stomach. He was now (eleven A.M., Aug. 10th) sent into St. James's Infirmary, placed in bed, and, to quench an urgent thirst, some warm tea was given him at his request, of which he drank three pints in a short time; and some thin barley-water was prepared for him, but of this his taste did not approve, and he drank cold water in preference. To relieve the cramps of his legs and abdominal muscles, the foot of his bedstead was raised, which proved a great comfort to him. He had but three more motions on the 10th, the last at eleven P.M.; all of pale-yellow colour. Has passed no water since yesterday morning; pulse feeble.

"Aug. 11th.—Eleven A.M.: Has had no motion since eleven last night; has vomited occasionally during the night; feels better; cramps very much better; pulse generally improved.—Evening: Has passed some urine; no cramps; has taken some broth to-day as well as tea.

"12th.—Improving in every respect, and has taken some bread sopped in broth.

"13th.—Stronger, and very cheerful. Took broth and rice pudding for dinner, and eats bread and butter.

"14th.—Ordered meat for dinner; is convalescent; bowels have acted slightly and naturally."

Dr. SYDNEY FENNELL states: "During my engagement in the transport service of the French Government in the Crimea, I administered spirits of turpentine freely, in two-drachm doses, with the best effects. It acted as an astringent, diuretic, and stimulant, changing the rice-watery condition of the evacuations to that of a bilious character in the course of a few doses at half-hour intervals. I gave it only in the early stage of collapse, when calomel and opium were perfectly useless. If the first dose were rejected, a second rarely failed to arrest vomiting, and was followed by a return of warmth to the surface, with profuse perspiration and a free flow of urine; the evacuations were also checked. I remember but one instance of its producing any bad effects, when coma supervened; in this case, I suspect the turpentine had been recklessly given by an over-officious attendant."

Dr. NIVEN writes: "During the last epidemic of cholera in Edinburgh, a dozen years ago, I made trial of oxygen and nitrous oxide gas by inhalation in the treatment of the disease. In this I was favoured with the kind assistance of the late Professor George Wilson. The cases experimented on were two in number, both of the greatest severity; and the trial was so far unsatisfactory that the patients both died. The oxygen did not produce any very marked effect, but under the influence of the nitrous oxide the temperature rose and the blueness temporarily disappeared. The difficulty lay in the procuring with the apparatus we had a sufficient supply of the gas. But could this be overcome, as it easily might be in a London hospital, I saw enough to give me a fair hope that some cases might be cured by this plan of treatment. But beyond everything grotesquely horrible, and beyond the pencil of Gustave Doré to represent, was a cholera patient under the influence of laughing gas: it reminded me of the description, read long years ago, and probably still fresh in the memory of many of your readers, of experiments performed by galvanism in a London hospital on the body of a criminal recently executed."

A CORRESPONDENT writes of the use of ice in the treatment of cholera: "It is obvious that the stomach must still remain under the influence of cold after its power of absorption has ceased and drugs have become useless. But there is no incompatibility between its action and that of many medicines which are given in cholera. Fortunately the ice treatment does not oppose any existing theory of the nature of the disease. By its depressing and astringent agency, ice checks the vomiting and purging; and though it moderates the destructive exudation from the mucous membrane (which may continue in the stage of collapse and after the evacuations have ceased), it probably does not entirely stop it. The cooling of the mucous membrane may have the same beneficial influence as respects the elimination of poison from the system that the cooling of the skin has in small-pox and other eruptive fevers. The exhibition of occasional draughts of iced water is hardly more than nominally the ice treatment; the cold thus produced is slight and transitory. Ice itself has generally been administered by the patient's being desired to swallow bits of it at uncertain intervals. But it is difficult even for a person in health to swallow pieces of ice. It is a better plan to give large spoonfuls or glassfuls of what is called water-ice, made palatable by lemon-syrup. If a quantity of water in a tin vessel immersed in a freezing mixture be constantly stirred while it freezes, it assumes the consistence of treacle or gruel; and it is reported that tumblerfuls of this semifluid ice were given in the evacuation stage in two cases of cholera at Brighton,

during the epidemic of 1849, with perfect success. Ice reduced by a plane, or by pounding it in a canvas bag, and then mixed with a little water, may be substituted. If ice given as described has been so useful, why not increase the dose of cold when, from the severity of the case, a temperature of 32° Fahr. is found insufficient? In the two cases just mentioned, a spoonful of common salt was added to each draught just before it was given, with the effect of reducing the temperature to about 25° Fahr. A practice somewhat similar was, as Dr. Bowerbank relates, adopted afterwards in Jamaica. Seventeen cases (occurring in the decline of the epidemic) were treated by frequently repeated draughts of iced sea-water, and all of them recovered. The temperature of iced sea-water is about three degrees lower than the freezing point of fresh water; but it cannot be doubted that it might be reduced with perfect safety, for a short period, to at least ten degrees below this point. The constituents of such draughts—salt and water—are probably remedial, as well as the cold produced by them."

ANOTHER Correspondent offers the following observations on the dietetic treatment of choleraic diarrhœa and infantile diarrhœa:—

"When diarrhœa is induced by the presence of unsuitable and indigestible food, the readiest mode of cure is to get rid of the exciting cause of irritation, and this is effected by the aid of emetics or purgatives, according to the indications of the case; but when diarrhœa appears in the character of a 'crisis,' or determinating issue of some other disorder—such as fever—or as a premonitory symptom of cholera, another course of treatment suggests itself. The *rationale* of the matter seems to be this: diarrhœa being the result of an effort of nature to get rid of the morbid elements with which the system is surcharged, undue interference should be avoided, either in accelerating or checking the symptoms. It must be remembered that emetics and cathartics have always a depressing influence, especially so at a time when an exhaustive process is going on, which involves an effort to throw off the poison from the blood by means of the diarrhœa. This effort of nature, however, requires to be watched and kept in check, not by chalk mixtures or other medicinal astringents, but simply by judicious dietetic treatment. The most efficacious articles of diet for the purpose specified is good beef-tea with rice boiled in it, gruel containing brandy, port wine mulled, and ground rice well boiled. Cinnamon may be added with advantage to any food or drink to which the flavour is suitable. The value of these articles of diet is this: they combine the *astringent* with the *nutritive* properties, a most essential consideration in the treatment of diarrhœa; because—it seems rational to suppose—the best method by which the poison can be driven out is to supply the blood, through the stomach, with new and wholesome elements. This mode of treatment is eminently 'conservative,' inasmuch as it economises the life powers, and the system is thus enabled to throw off the disease without the amount of sacrifice to health and strength which the 'eliminative' process demands of it."

The writer adds also the following remarks on the feeding of infants in cholera seasons:—

"A most valuable food for infants, and especially during seasons of cholera and diarrhœa, is to be found in ground rice, well boiled, with a little good milk added. This forms a most nourishing diet, and at infinitely less cost than that daily consumed by the children of the poor, which is most injurious in kind."

The same correspondent suggests as a charitable investment the laying in of stores of rice by Boards of Guardians and by benevolent individuals who may delight in acts of private charity. "A cwt. of rice costs 10s., and a pound of ground rice is sufficient to daily feed a dozen children."

Dr. HENRY WHITWORTH communicates the details of a method of treatment which has proved successful in his hands. In the choleraic diarrhœa of adults, he gives a pill composed of five grains of calomel and a grain or a grain and a half of opium, and follows it up by frequent doses of a mixture of bicarbonate of potash, tincture of rhubarb, and sal volatile. In collapse, he uses small doses of sulphuric ether or Hoffman's anodyne, and laudanum, with the careful application of external heat.

Dr. W. DOMETT STONE animadverts on the unfitness of the *Belleisle* and of any old hulk for a cholera hospital, and asks why part of the disused wards of the Royal Hospital at Greenwich could not be set aside for the purpose.

A STUDENT (Co. Cork), commenting on the want of permanent success from saline injections into the veins during the collapse of cholera, suggests that the shortness of the effect may be explained by imagining that the injected matter had passed as quickly as the serum had done beforehand. He thinks that the process of exosmosis may be at least retarded by the diffusion of some colloidal substance through the injected fluid—as, for example, albumen or gelatine. He points out that in twelve ounces of serum there is nearly one ounce of albumen and some fibrin in solution.

A LONDON SURGEON'S HOLIDAY.

(FROM A CORRESPONDENT.)

THE three towns of Plymouth, Stonehouse, and Devonport, which form one great centre of naval and military activity, contain nearly one hundred and fifty thousand inhabitants, the numbers varying, however, according to the arrival or departure of fresh troops or fleets. Medically, this enormous population is well provided for; for in addition to the fine naval and military hospitals, which are of course exclusively devoted to the public services of the army and navy, Plymouth possesses the South Devon and East Cornwall Hospital, a Public Dispensary, and an Eye Infirmary, whilst Devonport boasts a Royal Albert Hospital, founded in commemoration of the late Prince Consort, and which merits especial notice from the fact that a portion of it is subsidised by Government for the reception and treatment of female Lock patients. I propose to recount briefly my visit to the several hospitals, since it will be instructive to record the progress of surgery in the "far west."

The South Devon and East Cornwall Hospital at Plymouth was founded in 1840, and has eighty beds. The building stands back from the road, and has a handsome frontage; but the wards do not quite come up to the modern ideas of excellence, being deficient in light and ventilation. Nevertheless, much good surgery has been accomplished within its walls, and the reputation of its two senior surgeons, Messrs. Square and Whipple, stands deservedly high in the West of England. I visited the hospital on two occasions on a Friday, which is the operating day. On the first occasion Mr. Whipple amputated an incurably diseased knee by Teale's method, which finds great favour here, and has been most successful since its first introduction by Mr. Fox. Under Mr. Whipple's care was a rapid case of cancer of the jaw, already involving the skin of the face, which it was not thought well to interfere with, and also an interesting case of tumour of the lower end of the femur, probably of a malignant character. At my second visit I had the opportunity of seeing Mr. Square perform an operation for which he is justly celebrated—viz., the extraction of a loose cartilage from the knee-joint by subcutaneous incision. By extraction I mean simply the extrusion of the cartilage from the synovial cavity and beneath the skin, for its absolute removal is, of course, a subsequent proceeding. Mr. Whipple had intended to explore the tumour of the femur with a view to its removal or amputation of the limb; but, as the patient refused his consent to the latter possible alternative, it was wisely determined not to interfere with the growth.

The Royal Albert Hospital at Devonport was opened in 1863, and is situated most happily, overlooking Keyham and Hamoaze, and open to the fresh breezes from the Tamar. It is built on the pavilion plan, and is divided into two distinct parts: one, the "civil" side, for the ordinary patients of the hospital; and the other for female "Lock" patients, the expenses of which are defrayed by the Admiralty authorities. On the civil side there are 40 beds: 22 general, 6 ophthalmic, and 12 children's in a separate ward which has been opened lately, and is fitted with all those appliances for the nursing of children which are in use at the hospital in Great Ormond-street. On the Lock side there were 38 beds up to the 1st of February of this year; but, at the desire of the authorities,

24 additional beds have now been fitted up in a temporary annexe until the permanent enlargement of that side of the building is completed, when accommodation will be provided for 120 women. The nursing in the hospital on both sides is carried out by nurses trained by the Nightingale Fund, assisted by probationers instructed on the spot; and nothing can exceed the cleanliness of all the wards, or the order prevailing among the not easily managed class of patients on the Lock side.

I was present at this hospital also on two operating days. On the first occasion Mr. Paul Swain operated on a boy who was suffering from very severe and long-standing hip-disease. It was a question from the first whether it would be possible to save the limb by excision of the head of the femur; and it was found that the shaft of the femur was so extensively involved, as well as the pelvis, that Mr. Swain was obliged to convert the excision into an amputation, and remove the limb. An abdominal tourniquet was applied, so that no blood was lost, and a circular sweep at the extremity of the straight incision previously made completed the operation. The boy soon rallied from the effects of the operation, and a week afterwards was doing well.

On the second occasion Mr. Bulteel operated on a most interesting case of ovarian tumour in a young woman in whom ascites was present to such an extent as to render the diagnosis of the tumour doubtful. It was extremely movable, and apparently unconnected with the uterus; but opinions were divided as to whether it was cystic or solid. A large number of naval and military surgeons were present on this as on the former occasion; and Mr. Bulteel proceeded to draw off the ascitic fluid, and expose the tumour, which proved to be a solid fibrous growth, apparently connected with the ovary, and weighing 4½ lb. The omentum was slightly adherent; but the tumour, which was otherwise isolated, was removed after the application of Chambers's improved clamp. The actual cautery was used by Mr. Bulteel to divide the pedicle, in the way recommended by Mr. Baker Brown, and the whole operation was completed in the most satisfactory manner.

I took the opportunity of making a special visit to the Lock wards with the able house-surgeon, Mr. Wolferstan, and was exceedingly pleased with all I saw. Under the "Contagious Diseases Act" of 1864, all women who are known or reasonably suspected to be sources of disease, are compelled to submit to an examination, and, if disease is present, are admitted to the hospital for treatment. The working of the Act is most efficiently carried out by the superintendent of the metropolitan dock-yard police, and not only is no difficulty found in enforcing its provisions, but for the most part women who know themselves to be diseased voluntarily present themselves for examination and treatment. The supervision extends to prostitutes of all classes, and even to married women, if there is satisfactory evidence that they are engaged in prostitution; and one rather unlooked-for result has been the diminution of the number of prostitutes in the town from 2000 to 1500, owing to the fact that the police supervision has induced many to migrate, and more to return to service or to their friends. Under the Act of 1864 the patients cannot claim their discharge under three months, but under an Act of the past session the period is extended to six months, so as to ensure a cure in protracted cases; but of course patients are not retained longer than is necessary, and the average stay of each patient is fifty-seven days. Some idea of the good which has been done in these wards may be gathered from the fact that during the last three months 175 patients have been admitted for some venereal complaint; whilst the effect upon the health of the sailors and military has been most marked, the proportion of venereal to other diseases having been reduced from seventy to forty per cent. The class of cases here differs from that seen in the Female Lock Hospital in the Harrow-road, since the object of their admission is not simply curative, but to prevent communication of infection, and thus *all* cases, even of simple gonorrhœa, are admitted; and it is found, after two years' work, that the very severe cases of syphilitic sores which at first were common have become rare, and similarly virulent ulcers amongst the military and naval men are less frequently seen.

The Lock patients who are able to be up are dressed in neat print gowns made by themselves, and stand at "attention" in true military fashion upon the entrance of any of the authorities. When convalescent they are employed in the laundry of the hospital, and are able to obtain fresh air in the garden attached to it. Every patient on admission is carefully examined by the house-surgeon with the speculum, since it is found that internal ulcers are of very frequent occurrence; and it is so arranged that, in addition to a general supervision by the surgeon of the treatment being carried out, each patient shall be thoroughly examined once a week; oftener, of course, if the case requires it. The nurses in the Lock wards are all young married women or widows, and appear to have thorough control over the patients, and to carry out the treatment ordered most satisfactorily. The mercurial vapour-bath is a favourite remedy here, and gives very good results. There has been but one case of insubordination since the wards were opened, and the effect of a magistrate's sentence of fourteen days' hard labour has been to quell every symptom of the kind ever since. Six patients have run away, but have invariably been brought back by the police in a few days, whilst but six have claimed their discharge before they were thought fit for it. Altogether, the working of the Contagious Diseases Act in Plymouth must be pronounced most satisfactory, and the results excellent, and were its provisions equally attended to in the other seaports and garrison towns named in it, the effect upon the health of our army and navy could not fail to be most beneficial.

The Royal Naval Hospital at Stonehouse is a fine stone building, which, though erected many years since, is arranged on the so-called "pavilion" principle. Its wards are very spacious, and, as might be anticipated, are kept with true nautical neatness. It provides accommodation for about 700 men, and has, in addition, most comfortable quarters for 60 officers, who are attended by female nurses, the attendants on the sailors and marines being mostly men. The medical side of the hospital is under the charge of Inspector-General Dr. Stewart; and the surgical side is under Dr. Beith, Deputy Inspector-General, who was surgeon to the *Belleisle* hospital ship during the Baltic campaigns of 1854-55: both are aided by a staff of assistant-surgeons. On the surgical side a large proportion of the cases are syphilitic, and principally of the secondary form, since the majority of the primary sores are treated on board ship. The results of accidents are of course frequent, since all cases occurring in the naval district are sent here; and the number of ulcers in young subjects is unusually large, due to the exposure of the naked legs on board ship, and to blows on the shins in running up ladders and rigging. On the occasion of one of my visits to the Naval Hospital Dr. Beith had arranged to perform several operations, and accordingly signal had been made to the medical officers of the fleet in the Sound that they might have the opportunity of being present, of which many availed themselves. Two of the cases were of great interest, one being a case of excision of the knee by Dr. Sterling, of the Naval Hospital at the Cape of Good Hope, in which, although there was firm anchylosis with a capital limb, sinuses leading to dead bone on the outer side were present. These Dr. Beith laid open, and removed the dead bone from the lower end of the femur and the head of the tibia with the bone-forceps and gouge; and no doubt a good result will follow. The other case was one of some rarity: disease of the calcaneo-astragaloid articulation, the ankle-joint and all the rest of the foot being sound. Here, by laying open the sinuses freely, Dr. Beith was enabled to apply a small saw and remove the diseased articular surfaces; and a cure may fairly be expected. I may mention, by the way, for Mr. Hancock's information, that Dr. Beith has twice performed Pirogoff's amputation of the foot with most satisfactory results. The tendency to shift cases to another surgeon which unfortunately pervades the public services, was illustrated here by a simple case of hæmatocele which had been sent home all the way from the Mediterranean, instead of being treated on the spot. Dr. Beith freely laid open the tunica vaginalis, and removed a large quantity of coagulated blood. On the same occasion the radical cure for varicocele was performed, and a fungoid testicle destroyed by the introduction of an escharotic, composed of red oxide of lead and corrosive sublimate, made up with bread-crumbs, and rolled out into hardened nail-like masses two or three inches long.

The Military Hospital, which is also a handsome stone building, is divided into pavilions, one of which is appropriated to each regiment in garrison; the inmates remaining in charge of the regimental surgeons, under a military Deputy Inspector of Hospitals, Dr. Annesley. Here again a considerable number of the cases are syphilitic, and I had the opportunity of witnessing the post-mortem examination of one soldier who had

died with extensive caries of the skull. Dr. Doherty, of the 13th Regiment, was good enough to show me a case of popliteal aneurism in which, after a fair trial of pressure, he had tied the femoral artery most successfully; but, as an example of the red-tape routine which binds the army surgeon, I may mention that I was incidentally informed that before undertaking the operation it had been necessary to apply for the leave of the Director-General, who could not possibly know anything of the merits of the case.

I have thus simply recorded the surgical facts brought under my notice during a brief visit to the west of England, and I trust that they may not be uninteresting to the readers of THE LANCET.

Correspondence.

"Audi alteram partem."

NEW ASYLUMS FOR THE INSANE OF PARIS.

To the Editor of THE LANCET.

SIR,—The municipality of Paris having resolved to erect ten new asylums for lunatics belonging to the metropolitan department, and as three of these institutions (which I recently visited) are now in course of construction, permit me briefly to state, through your columns, that a central institution on the southern side of Paris—the "Asile Clinique," as it is designated—will probably be ready for receiving patients before December. Another at Vaucluse, about ten miles south of Paris, near the Orleans Railway, and a third at Ville-Evrard, almost the same distance, but approached by the Vincennes line, are also being built; although neither of these can be completed until perhaps the end of next summer. The two latter are situated in rural districts, and each has extensive fields attached for the occupation of inmates. The localities where the seven other asylums are to be erected have not yet been decided upon; but all will be placed in the country, in different directions, at equally convenient distances from Paris as the Ville-Evrard and Vaucluse asiles. The estimated cost of the proposed ten asylums is 50,000,000 francs, or £200,000 for one establishment; while each is intended to accommodate from 550 to 600 patients; the general plan and appurtenances being analogous in their chief features.

The pavilion style has been adopted. Those portions to be occupied by insane residents have two stories, the upper being used as dormitories, none of which will have more than sixteen beds, and some fewer. The intervening courtyards are spacious; while every part is to communicate, by open yet covered arcades, with the administration offices on one side, the chapel on the other, and a general-service department building in the centre. Two pavilions will be appropriated for quiet patients, two for semi-quiet, one for feeble, and one for agitated lunatics; and there is an infirmary for males and another for females, besides baths of various kinds for each sex, and workshops. There is likewise a separate structure where all newly-arrived patients are placed for examination, and special observation if then deemed necessary, prior to distribution in appropriate sections.

To enter into minute details respecting the Asile Clinique, which will probably come into full operation by the commencement of the ensuing medical session at Paris, appears superfluous. I may, however, state that many modern improvements characterizing numerous asylums in other European kingdoms have been already judiciously adopted, whereby much credit is justly due to M. Giraud de Cailleux, formerly of Auxerre, but at present Inspector-General of Lunatics for the Department of the Seine, and one of the most distinguished alienist physicians amongst his numerous eminent French *confrères*. According to the Commission, over which the eminent prefêt Baron Haussman presided, and of which M. De Cailleux with others were members, among other objects recommended it was advised that at the central asylum every variety of insanity should be admitted, especially recent cases and those of an acute type, in order to organize an efficient system of clinical instruction in mental diseases. They also recommended that the inmates should be employed as much as possible in different kinds of occupations, but particularly in *free-air* and out-door employments. And, further, that domiciliary assistance should be given in cases of lunacy, if indigent, where the patients remaining with relatives would not endanger public tranquillity; thus inferring that such insane patients might be kept at home, instead of being immured in an asylum.—I am, Sir, yours &c.,

August, 1866. JOHN WEBSTER, M.D., F.R.S.

LYMPHATIC COMPLICATION IN ELEPHANTIASIS.

To the Editor of THE LANCET.

SIR,—The number of THE LANCET for April 14, 1866, contains an excellent "Description of a Large Fibro-Areolar Tumour of the Thigh," by Mr. T. Carr Jackson, Surgeon to the Great Northern Hospital, &c., in which the author observes, "I have not been able to find in the writings of authors any description of the lymphatic complication which is so abundantly manifested in this case" of elephantiasis.

If he will be at the trouble of referring to the late numbers of the "Transactions of the Medical and Physical Society of Bombay" (which may be seen at the libraries of the two London colleges and of some of the hospitals also)—in the volume for 1861, I believe, it is to be found—Mr. Jackson may see an account of this "lymphatic complication" in elephantiasis, and also in the affection termed chylous urine. My observations, there recorded, are strikingly confirmed by Mr. Jackson's independent investigation; and, I may add, by Dr. Fayrer's cases published in the last number of the *Indian Annals*, where a group is headed "Nævoid" elephantiasis, but without, if I remember rightly, the true character of the "nævoid" appearance being explained. Again, in the *Madras Quarterly Journal of Medical Science*, an observant writer remarks on an "herpetic" state of the scrotum in some cases of elephantiasis—the herpes being, I doubt not, vesicular dilatations of cutaneous lymphatics.

As a practical point I would note that the varicose state of the lymphatics in these cases is, perhaps generally, *deep-seated* as well as superficial. Mr. Jackson remarks that in his case the exudation is a "milky fluid;" and such, I am of opinion, is an admixture of chyle, more or less, with lymph; implying regurgitation from the "receptaculum chyli" or thereabouts, and therefore contraindicating amputation even at the hip-joint, which would not eradicate the disease. In operations on the scrotum, in India, it is always important to remove the whole of the diseased part (as evidenced by the peculiar appearance of the skin), or otherwise the disease may return. Without attributing a purely physical origin to the serious affection now called elephantiasis, I am, as may be seen in the article above referred to, much disposed to believe with Mr. Jackson that obstruction to the lymphatic circulation is an essential part of the disease.

On the so-called abscesses and on the absence of fever in Mr. Jackson's very interesting case, I need not here dilate.

I am, Sir, yours obediently,

HY. CARTER, M.D. Lond.

Satara, Bombay Presidency, July, 1866.

SULPHITE OF LIME IN CHOLERAIC DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Though the causes, proximate and remote, of Asiatic cholera are still veiled and mysterious, yet as regards the law of its propagation a belief in some zymotic or fermentive influence has generally come to prevail. This was not only the opinion of the majority of French pathologists who studied the progress of cholera when radiating from Marseilles last year, but I believe it is one pretty generally acceded to in England. Influenced by this consideration, I was induced to try, and I have been administering with much success, in certain cases of choleraic diarrhœa, the *sulphite of lime*—an agent the antifermentive qualities of which, being conceded, need not be expatiated upon. I have given it in ten-grain doses, usually combined with Dover's powder, and occasionally with mercury and chalk; the results, according to my experience, being most satisfactory.

It is with the intent of soliciting further trial with this agent that I make this communication, trusting that you will be enabled to accord the necessary space for its insertion.

Having had occasion to go through the published French evidence bearing upon the cholera accession of last year, I find that practitioners in France have come to the conclusion that the diarrhœal stage of cholera is the only one in which any treatment has much chance of success. French physicians do not regard that stage as premonitory, but as an integral phase of choleraic incidence.

I am, Sir, your obedient servant,

J. SCOFFERN, M.B. Lond.

Cambridge-terrace, Kensington-park, Aug. 1866.

A VISIT TO THE FRANKFORT MILITARY HOSPITALS.

To the Editor of THE LANCET.

SIR,—Happening to pass through this city while on a short holiday tour, I determined to visit the Prussian military hospitals. It was necessary to procure permission for this purpose; this, however, was readily granted on application to the commandant of the town, who provided me with a *passir schein* to all the hospitals. There are three at present occupied by the wounded troops.

I went in the first instance to the Waisenhaus (orphan asylum), a large building in temporary use as an hospital. Three days' notice had sufficed to convert it into a military hospital complete in all its arrangements. I was kindly shown over the wards by Dr. Heinrich Schmitz, the resident surgeon in charge. He, with several other civilian practitioners, has devoted himself voluntarily to this service, and, as may be supposed, uncommon opportunities for observation and practice are afforded to these gentlemen.

The most remarkable of the cases were pointed out, and in many instances the various wounds were undressed. Prussians, Austrians, Hessians, and Bavarians were lying side by side in the wards, and the greater number of them had received their wounds in the battle of Aschaffenburg. Most of the injuries appeared to be in the limbs, and resulted from rifle bullets. The wounds looked very healthy, and, being mostly of about five weeks' duration, were in a granulating condition. Dr. Schmitz informed me that all the wounds left to themselves had done well, but that those cases which had required interference, or which had become the subject of operation, had almost invariably been unfavourable. This was the more remarkable in that there was a total absence of erysipelas. It was the practice to inject the sinuses in the track of the balls with a weak nitric acid lotion; and cold water dressing, with abundance of charpia, was the common application to the granulating wounds. The worst cases were those resulting from cannon balls or portions of shell, involving loss of integument and muscular structure; exhausting discharges and abscesses in neighbouring parts caused them to assume a grave character. Cases of excision of the head of the humerus and of the elbow were numerous, and, as Dr. Schmitz informed me, conservative surgery had been diligently practised throughout the campaign. One case, said to be of rare occurrence in military surgery, was shown to me—viz., a wound of the glans penis. A portion of the upper surface had been carried away, and no further injury sustained about the genitals. The man, a Prussian infantry soldier, had, however, a second wound from a rifle ball in the right shoulder.

The majority of cases in this hospital were doing well; many had capital appetites, and were able to enjoy the cigars, with which they were amply provided. There appeared to be full supplies of comforts of all kinds, and every want received attention. The Prussians were certainly the most cheerful patients, while the Austrians appeared somewhat depressed and sullen.

In some of the wards were ladies occupied in feeding the more helpless cases. Free permission is accorded to all interested in the sick to visit them and convey such comforts as are allowed by the medical staff.

I next visited the garrison hospital, a small building, but now, by the addition of several tents, containing about two hundred beds. These tents were about sixty feet in length by twenty in width, and contained from fourteen to twenty beds. Here were cases of a more serious nature than in the Waisenhaus, and amongst them I observed a number suffering from typhus fever. Some of the latter appeared very prostrate. Dr. Kircheim, the resident surgeon, told me there had been no deaths from the disease, and he attributed the good recoveries to the abundant supply of fresh air which was secured by the tent system. The nursing here appeared to be most careful; numerous Sisters of Charity were engaged upon this work, and their tender efforts seemed to be very gratefully appreciated by the men. Two visits were paid daily by the staff, at eleven A.M. and five P.M. I saw no cases of cholera in the hospitals, though I was told that the disease was prevalent in the town.

I left with the impression that the sick were well cared for, and that in every respect the greatest credit was due to the Prussian authorities for their admirable and comprehensive arrangements.

I am, Sir, yours, &c.,

Frankfort, August 29th, 1866. D. D.

DR. GREENHALGH'S CASE OF CÆSAREAN OPERATION.

To the Editor of THE LANCET.

SIR,—The multiplied instances of failure of the Cæsarean operation in this country cannot fail to attract the attention of medical men. Whether this be due to the magnitude of the operation itself or the circumstances under which it is performed or otherwise is not for me to define. There is evidently a missing link, which careful obstetric operators will one day supply for the better guidance of the operation and its subsequent treatment.

The phases, symptoms, and condition of the patients appear to me to run almost identical in every case. On reading Dr. Hall's letter in your last impression on the above operation, I was led to refer to a case upon which I operated in 1862, and published in THE LANCET, dated November 1st. I extract the following:—

"I performed the operation at one o'clock on Friday in the usual manner, in a temperature of 76°. There was little hæmorrhage, and she bore the operation with great fortitude, and at its completion expressed herself greatly relieved. At two her pulse was 134, and weak; there was a little oozing through the vagina, and she complained of pain. I gave her two grains of solid opium, which relieved her. At four the abdomen was considerably swollen, but not tender. She had vomited twice since my last visit. At six she seemed better, and retained everything on her stomach; had passed urine several times. At eight the abdomen was very tympanitic, and there was great pain across the chest; respiration hurried; tongue very dry; the pulse had mounted to 141; no sickness; slept well, and expressed herself better. From this time she went on satisfactorily until Sunday morning, when rigors and vomiting set in, pulse rising to 144, respiration 40, breathing laboured, face flushed, and wandered a good deal. I visited her at eleven, and there was a decided improvement. Soon after I left she desired to be raised in bed, in accomplishing which she sank instantly."

The immediate cause of death in this case was clearly failure of the heart's action, produced by raising her from the horizontal to the recumbent posture, although pyæmia existed.

The close analogy between this and Dr. Greenhalgh's case must form my apology for troubling you with these remarks.

I am, Sir, yours, &c.,

Old Kent-road, Sept. 4th, 1866. D. JOHNSON, M.D.

EXTRACTION OF STONE FROM THE FEMALE BLADDER.

To the Editor of THE LANCET.

SIR,—Having noticed the very plain and admirable remarks of Dr. G. M. Humphry in THE LANCET of July 30th, 1864, for the extraction of stone in the female, I determined to adopt his *modus operandi* whenever an occasion offered.

An opportunity lately presented itself, of which I send you a report for insertion in THE LANCET, and which will add one more to the long list of successful cases treated upon Dr. Humphry's plan.

Mrs. C——, between fifty and sixty years of age, has complained for the last two years of sharp pain in the lower part of the left side, and lately of an acute pain in the bladder, accompanied with fetid and ammoniacal urine; her distressing condition thus rendering her life miserable. She desired my assistance, and upon examining the bladder and finding a stone, I proceeded to operate in the following manner:—

At nine P.M. I inserted five catgut bougies of about four inches in length, along the urethra into the bladder; at ten P.M., three more; at twelve A.M., four more; at four A.M., two more; at eight A.M. they had all fallen out, whereupon I then inserted fifteen bougies; at ten A.M., three more; at eleven A.M., four more, making in all twenty-two bougies. The passage then seemed to be well dilated, so I drove into Newbury to fetch my friend Mr. Bursey, who had undertaken to give the lady chloroform. I had to see some patients at home, so that it was well on in the afternoon when I again reached her house.

At five minutes to six P.M. Mr. Bursey began to give chloroform; at twenty-five minutes past that hour the stone was in my hand. It was of a lithic character, measured three inches and three-quarters in its longer circumference, and three inches in its shorter, and weighed half an ounce and twelve grains.

In three days the patient fully retained her water; and when I saw her in about a fortnight after the operation she was quite well.

The only manner in which I deviated from the rules laid down by Dr. Humphry was, in the not using the thread for tying the bougies together, and in discarding the bandages over the os externum and round the waist. I applied them at the outset, but found that the movements of the patient displaced the vertical bandage and thus disturbed the bougies, tending to draw them out of the urethra.

I am, Sir, your obedient servant,

F. E. RYOTT,

Newbury, Sept. 1866. Surgeon to the Newbury Infirmary.

ON THE DISINFECTING METHOD OF TREATING CHOLERA.

To the Editor of THE LANCET.

SIR,—I notice in your number of August 11th, in a communication from Dr. W. C. Maclean, a proposal from Dr. Parkes to give a fair trial to the disinfecting method of treating cholera.

As I had long determined to adopt this treatment in any cases that might come under my care, deeming it to be the only rational method, I think it my duty to request a small space in your journal for the insertion of my views upon the matter. Starting from the known fact that the choleraic poison in the discharges becomes inert when attacked by disinfectants, it seems to me of the utmost importance that the same principle of treatment should be applied internally. The indications are to meet this poison as far as possible throughout the system—in the lungs, in the stomach and bowels—by agents which may be taken largely, while at the same time no injury shall accrue through their action to the system. With this view I propose to administer incessantly large doses of animal charcoal and other innocuous disinfectants, and to impregnate the air with chlorinated and ozonised oxygen vapours.

The Great Fire of London banished the plague: this effect was due doubtless to the disinfecting qualities contained in the vapours arising from the *smouldering* wood. Is it not of importance that we should imitate this tremendous lesson, and make use of it to meet this fearful and insidious foe? and would it not be a good plan for all attendants upon cholera patients to take occasional doses of the charcoal, and keep a lozenge of the same continually in their mouths? for assuredly cholera is a communicable disease, and by a poison which can be destroyed by disinfectants.

I remain, Sir, your obedient servant,

Camden-road, Sept. 3th, 1866. ROBT. WESTLEY, M.D.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

CHOLERA must still be my theme. A great increase has occurred in the number of deaths, no less than 225 having died last week, which, as compared with the number of deaths (146) in the preceding week, shows an increase of 79. It is widening in its area, 33 deaths from cholera having occurred in the out-townships, against 19 the week before; the focus of the greatest intensity remaining the same—viz., in Scotland Ward, where 122 out of the 225 deaths took place; 50 of these were in the Ashfield cholera-sheds, which are situated in this ward. The total number admitted to these sheds up to September 3rd has been 309; deaths, 159; cured, 124; leaving 26 under treatment. To the cholera wards of the Liverpool Workhouse, the total number admitted has been 224: 101 deaths, 91 discharged, 32 under treatment. In the town 123 deaths have occurred during the week of patients at their own homes from cholera. The deaths from diarrhœa have been 78. The arrangements seem now very complete in all parts of the borough, except Toxteth-park, for combating the disease. In the latter township the guardians are evidently waiting in the "good" old style for a more violent onslaught of the enemy before adopting sufficient preventive measures; fifteen deaths in the week in their district not being sufficient to alarm them. In the other parts of the town five cholera dispensaries have been opened, with a staff of seven medical officers to each, three of whom are on duty four hours each, and attend all cases brought to the dispensary. The other four are on duty eight hours each, and visit cases at their own homes. From 150 to 200 applications are attended to daily at each of these dispensaries. Of course the great majority of the applicants are suffering only from the premonitory symptoms. Besides these, there are the cholera hospitals, three in number, for the reception of all cases willing to be removed to them.

The result of the licensing session, to which I alluded last week, has been that the number of public-houses in the borough has been reduced by twenty-two; forty-one licences having been revoked, and only nineteen new ones granted.

September 4th, 1866.

Medical News.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Aug. 30th:—

Charles Read, Falmouth.

The following gentlemen also on the same day passed their first examination:—

Charles Henry Furnivall, Westminster Hospital; Alfred Kelly, King's College Hospital; Frank Henry Laking, St. George's Hospital.

THE Board of Guardians of the Strand Union have declined by a large majority the services of lady nurses.

THE Bishop of London has paid another visit to the various institutions in connexion with the outbreak of cholera at the east end of London.

FROM the report of the London Dwellings Society (Limited) it appears that their capital has increased to £24,800.

CHOLERA still continues its ravages in various parts of Bohemia.

THE guardians of the Greenwich Union have determined to allow the medical officer an assistant, and to provide the drugs, &c., instead of requiring them to be furnished by the house-surgeon.

THE Prussian army lost many of its men from cholera in Bohemia.

ACCORDING to recent accounts the cholera is rather on the increase at Genoa, and some apprehension is felt at Florence.

STATURE OF AMERICAN SOLDIERS.—Dr. Gould states that men born in America reach their maximum height at twenty-eight years of age, but that the age for maximum stature comes earliest in the States where the height is found to be the greatest.

No less than 1100 Prussian soldiers have died of cholera at Brünn in the course of the last two months.

FOUR wards have been opened at St. Bartholomew's Hospital, Chatham, containing twenty beds, for the treatment of ophthalmic patients.

THE Empress of Hungary has left Pesth in consequence of the prevalence of cholera there.

THE Commissioners despatched to the lazarets and field hospitals by the Patriotic Help Association (Hilfsverein) of Vienna, have just published a long and interesting report.

UNIVERSITY OF LONDON. — EXAMINATION FOR HONOURS.—*Anatomy:* 1st Class, J. Stanton Cluff, B.A. Dubl. (Exhibition and Gold Medal), University College; Frederick Taylor (Gold Medal), Guy's Hospital.—*Physiology, Histology, and Comparative Anatomy:* 1st Class, James Stanton Cluff, B.A. Dubl. (Exhibition and Gold Medal), University College; 2nd Class, John Jas. Ridge, St. Thomas's Hospital; 3rd Class, Tempest Anderson, University College. — *Organic Chemistry and Materia Medica and Pharmaceutical Chemistry:* 1st Class, J. Stanton Cluff, B.A. Dubl. (Exhibition and Gold Medal), University College; Frederick Taylor (Gold Medal), Guy's Hospital; 2nd Class, Tempest Anderson, University College; 3rd Class, John James Ridge, St. Thomas's Hospital; William Warwick Wagstaffe, B.A., St. Thomas's Hospital.

THE estimate given by Mr. Fulton for supplying the metropolis with water from the river Wye amounts to £7,000,0000.

THIRTEEN thousand wounded, who cannot yet be removed, still remain in Prussian hospitals.

THERE were 148 cases of the cattle plague in England and Scotland last week.

DR. W. TYNDAL ROBERTSON will edit and revise the report about to be published of the transactions of the British Association at Nottingham.

NEARLY all the amputations made by the Prussian military surgeons have been unsuccessful.

BRITISH ASSOCIATION.—Dr. Fairbank has sent us the following as a corrected report:—

In Section D, Department of Anthropology, Professor Huxley read a valuable paper, entitled "Remarks on Two Extreme Forms of Human Crania," the object of which was to show that synostosis could not be relied upon as the cause of abnormal developments of crania. One of the skulls exhibited, that of a Tartar, was an instance of extreme brachycephaly with ossification of the sagittal suture. The other, that of a New Zealander (?), was an example of extreme dolicocephaly not associated with synostosis. The Professor wished to impress on the audience,—first, that the period at which synostosis took place cannot be positively ascertained, and that early synostosis may occur without producing alteration in shape; secondly, that extreme alteration may occur without synostosis. The importance of making a section through crania before expressing an opinion upon them was also pointed out and illustrated. The angle of the basi-cranial axis may be the same, but the adjacent parts may be so arranged as to produce very different outlines.

Mr. William Turner said that he possessed two skulls having peculiarities similar to those exhibited; one, a Bohemian, was very brachycephalic, though the sagittal suture was ossified. This was all the more remarkable, because the person was not probably more than twenty-one years of age. The second, found in Lincolnshire, was very dolicocephalic, with the sagittal suture still open.

Mr. Sebastian Evans asked whether there were marks of external compression in the case of the Tartar skull.

Mr. Huxley was of opinion that there were not, though Dr. Barnard Davis and Mr. Carter Blake thought that there were.

Dr. Barnard Davis was of opinion that where synostosis occurred in early infancy one-third of the skulls would be altered.

A vote of thanks was cordially voted to Professor Huxley on the proposition of Dr. Hunt.

MERCURIAL TREATMENT IN NON-INDURATED PREPUTIAL CHANCRE.—This case is published by Dr. Van Roey (of Antwerp) in the *Presse Méd. Belge.* The patient, whose age, state of health, and antecedents are not mentioned, was given for an unindurated preputial sore (it is not said whether situated on skin or mucous membrane) about one grain of iodide of mercury daily. This was not prescribed by Dr. Van Roey, but by another surgeon who saw the patient between the 28th of October (first visit to Dr. Van Roey) and the 8th of November. At the latter date Dr. Roey saw the man again, and found the chancre healing, the patient, however, complaining of his mouth, which presented all the symptoms of mercurial stomatitis. (Not a word about the more or less accuracy with which the mercury was taken.) At this period the man pointed to a couple of ecchymotic spots on the dorsal aspect of the left hand; a few petechiæ were observed on the legs, and an ecchymosis, similar to that on the hand, was situated below the left knee. (It is not said whether these existed *before* the beginning of the mercurial treatment, or were only noticed afterwards, the whole time taken up by the treatment just mentioned being barely five or six days!) Ordered, chlorate of potash in mixture and gargle, diaphoretic and antiscorbutic medicines, and good diet. From this date the symptoms became worse; blood oozed from the gums, the urine became brown, and the stools black. Epistaxis now came on, and, in spite of the perchloride of iron and narcotics, blood was continually being lost, and the patient died exhausted on the 15th. Were the relation of this case more complete, much interest would attach to the occurrence.

Obituary.

HENRY WARREN, ESQ., M.R.C.S.,

OF KNIGHTON, RADNORSHIRE.

IT is with sincere regret that we have to announce the death of Henry Warren, Esq., in the fifty-second year of his age, after an illness of six weeks. Mr. Warren was a student at University College Hospital, London, under Mr. Samuel Cooper and Mr. Liston, with both of whom he was particularly intimate and a great favourite. In 1836 he took the diploma of the Royal College of Surgeons of England, and went to spend a month or two with his fellow-student, Dr. Slyman, of Newtown, Montgomeryshire. During this time a practice at Knighton became vacant, upon which he entered, and since then has continued, till within five weeks of his death, when he went to Llandrindod for a holiday, and was attacked with gastric fever. He returned home, and, after five weeks' suffering, but apparently improving in health, was on his way to Borth for change of air; he stopped at Shrewsbury for the night, where he was seized with a relapse, and expired on the 31st of August. His extensive practice in Knighton and the neighbourhood fully attests the ability and attention he displayed. He held the appointment of medical officer to the union and workhouse of Knighton from the commencement of the new Poor-law Act; he was also medical referee to the Yorkshire, Lancashire, &c., Insurance Offices, and held various other public appointments. In Mr. Warren, the upper class has lost a true and warm friend, as well as an able, kind-hearted, and attentive medical adviser; the poor have lost a kind and generous friend and medical helper, he being always ready with his advice, and often with an open pocket, where he saw need, and no hope of remuneration. His medical brethren have lost a warm-hearted brother and valuable counsellor. The respect in which he was held was testified in Knighton, on the day of his funeral, by the shops being partially closed, and a muffled peal being rung from the bells throughout the day. His friends have commenced a subscription to raise a memorial tablet over his pew in the parish church.

JAMES THOMAS ALEXANDER, L.R.C.S.,

AND

DR. DAVID CRAIGIE.

Two of the medical practitioners of Edinburgh have lately paid the debt of Nature—the one at the age of fifty-four, the other in his seventy-third year. The first of these was James Thomas Alexander, L.R.C.S. He became a Licentiate of the College in 1832. Mr. Alexander was also one of the parochial medical officers in the St. Cuthbert parish. Of late years he had devoted much of his time to civic duties, and after serving a probationary period as councillor at the Council Board, he was raised to the honour and dignity of one of the magistrates of the city. Of the ability, energy, and zeal with which he discharged the numerous and onerous duties of that position there was but one opinion; and although some of his decisions as a police magistrate, on cases involving the consideration of the fitness of butchers' meat for food, were subsequently reversed, no one doubted the conscientious integrity with which he gave his judgment. He was a man much esteemed by a numerous circle of friends, but has left no professional literary contributions.

The other gentleman alluded to was Dr. David Craigie, who died on 17th of May, for many years a distinguished member of the Medical School, and a past president of the Royal College of Physicians. Dr. Craigie was born in the neighbourhood of Edinburgh in June, 1793. He studied at this University, and

graduated in 1816. In 1832 he was admitted to the Fellowship of the Royal College of Physicians, and subsequently became a Fellow of the Royal Society. He was also a member of various societies both in this country and abroad. For many years he acted as physician to the Royal Infirmary, and subsequently became consulting physician. He was a diligent contributor to the various journals, both scientific and professional, and has left several works behind him of enduring fame. In 1828 he published his work on the "Elements of Pathological Anatomy," of which a second edition appeared in 1848. He gave to the profession the "Elements of the Practice of Physic," in two vols., in 1836, a work of which it was then remarked that it was "the best we at present possess." He was also the author of the "Elements of Anatomy: General, Special, and Comparative," which had previously appeared in the seventh edition of the "Encyclopædia Britannica." He also assisted in the publication of Dr. Thomson's "Life of Cullen." For several years he was the proprietor and editor of the *Edinburgh Medical and Surgical Journal*. As evidence of his diligence as an advancer of medical science, it is worthy of note that he has left behind him upwards of thirty published works and contributions on a great variety of subjects. For many years Dr. Craigie had been unable to take an active part in the practice of his profession on account of ill-health, having for years been a martyr to rheumatism. It is owing to this, no doubt, that he did not enjoy a more extensive private practice, for there is rarely to be met with in the profession a more enlightened man, a better scholar, an abler physician, and a more upright, honourable gentleman. By those who enjoyed the privilege of his intimate acquaintance he was warmly esteemed and admired for his kindly nature, his love of truth, and his rectitude of conduct. To those less intimately acquainted with him his manner was distant and cold, but when the crust was broken a geniality and caustic humour were found which interested and amused. It is well to put on record as a testimony to the appreciation by the Duke of Edinburgh of the merits of Dr. Craigie, that, when his Royal Highness resided in Edinburgh, the Doctor was a frequent visitor at Holyrood. At that time he was president of the College of Physicians.

He has passed from amongst us to his rest, and has left behind him the evidence of a well-spent and useful life, and, though dead, will long live in the remembrances of many friends.

JOHN SCOTT, ESQ., M.R.C.S.,

MEDICAL OFFICER OF THE BOROUGH OF HANLEY.

FEW members of the profession have been better qualified by talents and acquirements for an eminent position than Mr. Scott, and still fewer have been so much kept in comparative obscurity by modesty, love of retirement, unselfishness, and the want of self-appreciation. Passionately fond of reading and study from his earliest years, he threw himself with ardour into his profession; as a pupil, devoured the older medical literature which he found in abundance in the house of his able and kind preceptor, Mr. Wilkinson, of Sunderland, then far advanced in years, and ever afterwards kept pace with the progress of professional knowledge.

While a pupil with the late Mr. Embleton, to whom he was transferred on the death of his venerated friend Mr. Wilkinson, the first visitation of the cholera took place, having, as is well known, broken out first in Sunderland; and, with his usual devotedness to the acquisition of knowledge, he visited the first and every succeeding case of this disease which occurred in the town, generally along with the late Dr. Clanney, whose work on the subject is known, and who attached much importance to the labours of his youthful coadjutor.

Subsequently he pursued his studies very successfully at the Westminster Hospital Medical School, at the same time attending the lectures of Faraday and other eminent professors of various branches of study. In the class examinations he was always particularly successful; and many of his prizes, valuable medical works, are still in his library.

The usual course of study having been satisfactorily completed, Mr. Scott commenced practice in Sunderland, his native town; but, after a few years, he was laid aside by severe illness, the consequence of his devotion during a hard winter to a patient, whose life he was instrumental in saving at the risk of his own—an instance of self-sacrifice too little appreciated, but of which the profession furnishes many heroic examples. On his (Mr. Scott's) partial recovery, he removed to Hanley, in the Staffordshire Potteries, chiefly for the society of a brother who resided there, and to whom he was tenderly attached; and there he continued to practise till the end of his life.

Of his general character it is needless to speak here, except to say that he was a thoroughly conscientious and religious man: a believer from conviction, the result of deep study, his knowledge of the Bible and of theological questions being such as would have well qualified him for holy orders had such been the direction of his early years. An advocate for the education of the masses, he strenuously supported and took an active part in the management of the Potteries Mechanics' Institution, and other societies of a similar kind; and occasionally delivered lectures on subjects of public interest. Strongly impressed with the necessity for sanitary improvements, he urged on all occasions active measures in connexion with the Health of Towns and other Acts for promoting the public health, and was largely instrumental in the introduction of the Factories Act into the district.

In his practice he was remarkable for the very great care he took in the investigation of symptoms; hence his diagnosis was exceedingly accurate. His treatment was in a great degree expectant; and he avoided both of the extremes which during his day prevailed—the antiphlogistic and the over-stimulating. He was a man whose proper position was that of a consulting physician. His constitution could not withstand the fatigues of general practice, and he ultimately fell a victim to a combination of maladies originating in exposure to a most inclement climate. He adhered most rigidly to professional etiquette, and was held in the highest respect by his professional brethren. His memory was wonderful, and his store of knowledge immense. It was hardly possible to speak to him on any subject with which he had not already some acquaintance. It may be mentioned, as a proof of the curiously varied nature of his learning, that a few days before his death, when conversing with the writer, he stated incidentally, in order to illustrate the effect of opium on his brain, that he had once under its influence delivered a lecture on the "Ballad Literature of Spain during the Middle Ages"—a subject of which it may be safely affirmed that not fifty men in England know anything at all.—(*From a Correspondent.*)

MEDICAL VACANCIES.

Alnwick Infirmary—House-Surgeon.
Stepney Union—Medical Officer.
Stockport Infirmary—Assistant House-Surgeon.

MEDICAL APPOINTMENTS.

C. J. B. ALDIS, M.A., M.D., F.R.C.P., &c., Medical Officer of Health to St. George's, Hanover-square, has been elected Lecturer on Hygiene and Preventive Medicine to the Ladies' Medical College in Fitzroy-square.

J. BRIGHOUSE, M.R.C.S.E., has been appointed Surgeon to the St. Marylebone General Dispensary, vice A. Todd, M.B., superseded.

R. CARTER, M.B., M.R.C.S., has been appointed Resident Medical Officer to the Bath United Hospital.

E. L. CROWTHER, M.R.C.S.E., L.S.A., of Hobarton, Tasmania, has been appointed Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children.

DR. DAVIES, of Southport (late of Leominster), has been appointed Surgeon to the 20th Lancashire Artillery Volunteers by the Earl of Sefton, Lord Lieutenant of the County of Lancaster.

W. F. DIX, M.R.C.S.E., has been appointed Medical Officer for the Smallburgh District and the Workhouse of the Tunstead and Happing Incorporation of the Poor, Norfolk, vice Mr. J. DIX, resigned.

T. ELMES, L.K.Q.C.P.I., has been appointed Medical Officer for the Bishop's Lydeard District of the Taunton Union, vice F. Metcalfe, M.R.C.S.E., resigned.

F. N. FOOTE, M.D., has been appointed Medical Officer for the Sunderland Union Workhouse.

C. C. HICKS, M.D., has been appointed Medical Officer for the Dunstable District of the Luton Union, Bedfordshire, vice Farr, resigned.

B. F. M'DOWELL, M.B., L.R.C.S.I., has been elected a Visiting Physician to the Westmoreland Lock Hospital, Dublin.

E. C. MAXWELL, M.R.C.S.E., has been appointed Assistant House-Surgeon to the West London Hospital, Hammersmith, vice A. W. Read, M.R.C.S.E., appointed Surgeon.

J. F. MILNER, M.R.C.S.E., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Cawood and part of Riccall District of the Selby Union, Yorkshire, vice J. Green, L.R.C.P.Ed., L.S.A.

T. F. MORRISH, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Toxteth-park Township, vice W. J. Agar, L.R.C.P.Ed., deceased.

C. NATTRASS, M.D., has been appointed Consulting Medical Officer for the Sunderland Union Workhouse.

A. W. READ, M.R.C.S.E., has been appointed House-Surgeon to the West London Hospital, Hammersmith, vice W. Smith, M.R.C.S.E., resigned.

W. M. RENTON, M.D., has been appointed Medical Officer for the Derwent District of the Weardale Union, Durham.

T. S. STOTT, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Northleach Union, Gloucestershire, vice J. D. Eames, L.R.C.P.L., resigned.

W. J. SYERS, M.B., C.M., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary, vice N. G. Mercer, M.D., resigned.

R. WARRENER, L.F.P. & S. Glas., has been appointed Medical Officer for District No. 5 of the Croydon Union, vice J. S. Johnson, M.R.C.S.E., resigned.

F. A. YOUNG, F.R.C.S.E., has been appointed Medical Officer for the Bodiam District of the Ticehurst Union, Sussex, vice D. Macbeth, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 21st ult., at Lansdowne Villas, Lee, Kent, the wife of E. Clapton, M.D., of St. Thomas's-street, Southwark, of a daughter.

On the 22nd ult., at Montagu-street, Portman-square, the wife of R. Hodges, M.D., of a daughter, still born.

On the 23rd ult., at Sea View, Ryde, Isle of Wight, the wife of T. M. Lowndes, M.D., Staff Surgeon Bombay Army, of a son.

On the 24th ult., at Bryanston-street, Portman-square, the wife of Surgeon-Major Bacot, of a daughter.

On the 29th ult., at Much Hadham, Herts, the wife of P. M. Smith, M.D., of a son.

On the 28th ult., at Rosemount, Lower Norwood, the wife of A. Coleman, M.R.C.S.E., of Old Burlington-street, of a daughter.

On the 29th ult., at Haddington, the wife of W. Martine, M.D., of twin sons.

On the 28th ult., at Reigate, the wife of W. D. Williams, M.D., of a son.

On the 1st inst., at Wood-green, the wife of the late Dr. A. J. H. Banks, of a daughter.

On the 1st inst., at Margaret-street, Cavendish-square, the wife of T. J. Start, M.D., of a daughter.

MARRIAGES.

On the 22nd ult., at Christ Church, Southgate, Dr. A. W. K. Packman, of Pukeridge, to Beatrice Jane, widow of the Rev. G. Borrett.

On the 28th ult., at St. Luke's, Chelsea, G. E. Smale, M.R.C.S.E., of St. John's-wood, to Eliza, daughter of John Tillett, Esq.

DEATHS.

On the 16th ult., E. S. Hall, M.R.C.S.E., of Haworth, aged 57.

On the 20th ult., J. Todd, M.D., of Grange-road, Bermondsey, aged 45.

On the 22nd ult., F. D. Mudd, M.R.C.S.E., of Storrington, Sussex.

On the 22nd ult., Samuel Summers, M.R.C.S.E., of Woolston, Southampton, aged 46.

On the 24th ult., F. Bennett, F.R.C.S.E., J.P., of Gateshead, aged 59.

On the 24th ult., after a short illness, Alfred Joseph Humbly Banks, M.D., M.R.C.S., of Wood-green, London, aged 40.

On the 28th ult., S. Glover, Surgeon, of Derrington, Salop, formerly of Longden, aged 79.

On the 28th ult., C. Leonard, M.R.C.S.E., of Old Kent-road, aged 64.

On the 31st ult., at the Raven Hotel, Shrewsbury, Henry Warren, Surgeon, of Knighton, aged 52. Friends will please accept this intimation.

On the 31st ult., S. W. Burbury, M.D., of Newhall-street, Birmingham.

On the 1st inst., John Sharp, M.R.C.S.E., of Warrington, aged 70.

On the 1st inst., at Gloucester-crescent, Regent's-park, Dr. J. Gibbs, aged 85.

On the 4th inst., at Cosham, Hants, the wife of Frederic B. Jessett, Surgeon, aged 24.

BOOKS ETC. RECEIVED.

Mr. C. Barthelemy on Asiatic Cholera.
Dr. Anderson's Contributions to Dermatology.
Barbosa: Nota sobre a Ovariotomia. (Lisbon.)
Mr. N. C. Macnamara (Calcutta) on Diseases of the Eye.
Mr. A. T. Macgowan on Malaria.
Ganot's Physics. Part II.
Dr. Letterman's Medical Recollections of the Army of the Potomac. (New York.)
Dr. Da Costa's Medical Diagnosis. (Philadelphia.)

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To Correspondents.

THE STUDENTS' NUMBER OF THE LANCET will be published on Saturday next, September 15th. Those gentlemen holding official situations connected with Medical Institutions in the United Kingdom, who have not yet forwarded the necessary information to our Office for publication in that Number, are earnestly requested to send it without the delay of a single post.

Dr. W., F.R.C.S.—The writer probably alludes to Philippes Collot, who died in 1656. He was a famous French lithotomist, who is said to have performed the operation by the apparatus major with great success, and is recorded as the first who cut adults and old people. Peculiar skill in lithotomy was afterwards preserved for a long time in the Collot family, and seemed to descend as an hereditary possession from father to son.

Undergraduate is referred to an article on "The Title of Surgeon" in the Correspondence columns of THE LANCET for August 25th.

Quidam.—The work is beneath notice.

A Subscriber.—A "Manual of the Nuisances Act," by order of a bookseller.

OPIUM IN WOUNDS.

To the Editor of THE LANCET.

SIR,—Whilst I am very glad to confirm Dr. Chisolm's statement as to the good effect of opium in one shape or another in cases of wounds, severe or not, I must protest against its unchecked use. There were few things to bother a surgeon more than the effects of the almost indiscriminate use of morphia which prevailed in some of the divisions of the army of Tennessee (of which alone I can speak), and nowhere better marked than in wounds of the head and abdomen. Without entering into detail, military surgeons will at once recognise why this should be.

With regard to the question of amputation in the region referred to by Dr. Chisolm, my own experience was very decidedly different from his. A very much larger proportion of wounded survived on whom amputation was performed than when attempts were made to save the limb. Why this should be, and how it was, I propose at a future time to discuss. Suffice it to say that the mere result of statistics seems to me helpless in deciding individual treatment in any department of surgery. Up to this moment in military surgery the statistics of amputation and operations *versus* attempts to save the limb are no more trustworthy than a comparison between the results of treatment, either *laisser faire* or so-called "curing," in pneumonia occurring in the slums of Bermondsey or Whitechapel and the same in the healthiest district in England. Dr. Chisolm knows that I make no exaggerated comparison between the wounded of one army and another of the Confederate force. Between the circumstances of the wounded at Charleston and those of the army of Tennessee fully as strong a distinction must be drawn as I do in the illustration from civil life. There is no man whom I and every other Confederate surgeon must respect more than Dr. Chisolm; but I cannot help thinking his remark is too sweeping, and partially to be accounted for that his experience is mostly drawn from the Charleston wounded, and such as came within his ken in the seclusion of Columbia, South Carolina.

In justice to my colleagues, who had scant faith in attempts "to save the limb," I write this letter. I hope shortly to have enough statistics to satisfy the believers in them that in our circumstances we were justified in our predilection for amputation, rationally and empirically. Of 9 cases, to my own knowledge, occurring between May 7th at Dalton and the first day's fight under General Hood on assuming the command in front of Atlanta in July, where attempts were made to save the limb, not one survived, the injury in each case happening at and above the middle of the femur; of 14 of parallel injury, in which amputation was performed, 10 survived—a difference sufficient to compel me to ask the method and the reason of such different results, but which I cannot enter on here. Suffice it to say that statistics which include fractures of the femur by gunshot wound noways differentiated but by the artificial distinction of the femur into thirds (forgetful of the fact that 99 out of 100 fractures in the lower third are injuries of the knee-joint), are, if not worthless, certainly to be taken *cum grano*. A result from such a mixture of cases is as useful as would be a combination of tables of mortality in Demerara, and the same at Simla or Subathoo.

Yours obediently,
A. L. MACKAY, late 61st B.N.I.,
Senior Surgeon of the Artillery of the Army of Tennessee, C.S.

August, 1866.

A Metropolitan Fellow.—Mr. South was elected a member of the Council of the College of Surgeons in 1841, of the Court of Examiners in 1843, and President in the years 1851 and 1860. Mr. Luke was elected a Councillor in 1846, an Examiner in 1851, and President in 1859 and 1862. Both still remain Examiners.

Umbra.—Fleetwood Churchill; West; Tanner.

A. B., (Reading.)—The party in question is unfit for the office he holds.

EXTENSIVE VASCULAR MARK.

To the Editor of THE LANCET.

SIR,—I beg to thank "A. W." for suggesting the application of pure nitric acid. But will he or some of your readers please to inform me what kind of a scar will be left? Will not the remedy be almost as conspicuous as the disease? I would mention that the patient is under three months old. Will there be any greater danger in applying it now than if left for some time?

Your obedient servant,
H. H. B.

September 4th, 1866.

HOME FOR DIPSOMANIACS.

M.D., F.R.C.P.—Dr. Maclaren, of Blairgowrie, Perthshire, has been in the practice for about thirty years of undertaking the charge of those addicted to intemperate habits, or otherwise requiring moral restraint. His inmates are at all times treated—so far as practicable—as members of his own family.

An Old Subscriber, (Manchester.)—The memorial of Messrs. Key and Cooper appeared in THE LANCET of October 15th, 1825, and Mr. Green's reply on November 5th. Sir A. Cooper received £1000 from Mr. G. for a moiety of his museum.

Fair Play.—It would have been far better for B. to have called upon A., and explained, at least, the part he took in the transaction.

ROSEOLA CHOLERICA (?)

To the Editor of THE LANCET.

SIR,—I should like, through the medium of your journal, to ask those gentlemen who have observed the rash that has appeared in some cholera cases, whether it may not be due to the opium administered rather than to the cholera poison. Opium produces a rash very like an exanthem in some people, and very similar to that described as the cholera rash. "S. S." relates a case in THE LANCET of March 31st, 1863, where the administration of compound camphor tincture was followed by shivering, an eruption similar to that of scarlet fever, causing a burning, pricking sensation, and followed by desquamation of the cuticle. Opium applied externally produced the same effect, and even two drops of laudanum produced a slight attack of the same kind. I have two patients, a mother and daughter, in whom opium produces in the former a thick scarlatinal rash, continuing in the form of a lichen for about a fortnight, accompanied by great itching; in the latter a roseoloid rash over the trunk, accompanied by itching, lasting three or four days. Slight furfuraceous desquamation in both cases. Two other cases I have had related to me by medical friends, in which a dose of opium was followed by a scarlatinal rash and desquamation. This rash differs from urticaria caused by intestinal irritation, in that it is followed by desquamation of the cuticle.

Allow me to ask those gentlemen who have had cases where this rash has appeared, to ascertain if opium in any form has been taken by their patients, and, before adding a new symptom to cholera, to be careful to ascertain that it is not in reality due to the effect of this drug.

I am, Sir, your obedient servant,

August 29th, 1866. J. BRANDON CURGENVEN.

P.S.—Since writing the above, I see in the report from the London Hospital in your journal of September 1st the writer says: "We remarked at our visit several patients who had had the *roseolous eruption*, and who were then in a state of *complete desquamation*, presenting indeed the appearance of convalescents from *scarlatina*." I have no doubt in my own mind but that this eruption is due to the opium, the above description being so similar to the cases related in my letter.

Reader.—There is probably some error in the "extraordinary case" quoted from the *North British Mail*. Dr. M'Rail will probably publish an authentic account of it.

THE lines on "The Pump and the Slaughter-house" have considerable merit; but are scarcely suited to our columns.

Inquirer.—If not the same person, the coincidence is remarkable.

MUSCULAR BRUIT.

To the Editor of THE LANCET.

SIR,—It may be interesting to physiologists to be made aware of the fact that a very good method of eliciting muscular bruit is to place the ear close upon the pillow, and squeeze the teeth firmly together, when it will be very distinctly heard.

Yours truly,

Burghead, Elgin, August 28th, 1866. JOHN S. FOWLER, M.D.

Lignum.—1. After the oath had been taken, the witness was compelled to give evidence, even though he had not received a fee. — 2. There is no remedy against the solicitor if his client be insolvent.

Mr. W. F. Moryan is mistaken. The communication is marked for insertion as soon as possible.

A Guardian.—The motion was proposed by Mr. Storr.

DEAFNESS PRODUCED BY THE REPORTS OF FIREARMS.

To the Editor of THE LANCET.

SIR,—In answer to the letter of "Volunteer" which appeared in your issue of August 4th, allow me in as few words as possible to relate my own case.

When I first joined the Volunteers three years ago, my hearing was as good, aye, better than most people's; but after having been to the target two or three times I began to get deaf, and the deafness increased after every time of firing, so much so as to be a great detriment to me in my profession, and I had serious thoughts of leaving the Volunteers. I, however, applied to my father, a medical man, and he discovered a large accumulation of wax in each ear. By the aid of a syringe this was removed, and I have never been deaf since, nor suffered the slightest from the report of the rifle. My explanation of the symptoms is this: that for some time previous to my commencing firing, wax had been accumulating on the sides of the auditory canal, leaving a free passage in the middle, so that the hearing was unaffected, and that the vibration caused by the firing loosened some of the wax from the sides, and allowed it to fall to the centre and obstruct the canal altogether.

I should, therefore, advise "Volunteer" to apply to his medical attendant, and have his ears carefully examined. If they are found not to contain any wax, the suggestion of Mr. John Chippendale in your number of Aug. 11th is undoubtedly a good one.

I remain, Sir, yours truly,

J. P. PEARCE, M.R.C.S., 8th Herts R.V.

West Hert Infirmary, Hemel Hempstead, Aug. 14th, 1866.

A Provincial Student's inquiry should be addressed to the College of Surgeons. The Arts examination he has passed at Apothecaries' Hall will exempt him from the preliminary for the Fellowship of the College so far as the subjects enumerated are concerned. It will only be necessary to take up the additional subjects prescribed by the College.

THE MEDICAL PROVIDENT SOCIETY.

To the Editor of THE LANCET.

SIR,—If all would speak their mind, Mr. Clay might find the less occasion to write himself the sole advocate of our Medical Provident Society. Had the detractors of this scheme been present at those sittings when Mr. Clay's notes proved with what care and acumen he had studied every rule, and could the financial ability, business-like conduct, and entire devotedness to this unselfish purpose have been duly appreciated by those who can more readily demolish than construct, a general expression of gratitude for disinterested labour and of confidence in the management of this Society would have been readily accorded.

It is a trite saying that every good work is a gradual work; and when I see one not yet thirty-four, and full of healthy vigour, willing thus to provide against contingency of ill, and regretting the possible discontinuance of such incentive to frugality and forethought, it seems to cry shame on all beyond this need who might readily give to the auxiliary fund, or start their juniors on this laudable course. Our Report virtually says, "Sat citò si sat tutè." May we not further suggest, "Manete pauliper ut celerius expediamur."

I remain, Sir, yours truly,

Woburn, September 3rd, 1866. H. VEASEY, F.R.C.S. Eng.

Dr. Davis.—Mr. Wadd was a member of the Council. The nucleus of his large collection of portraits was given to him by Mr. Fauntleroy, the banker, of Berners-street, who was executed at the Old Bailey for forgery.

AN EXPLANATION.

To the Editor of THE LANCET.

SIR,—In your journal of last week the following occurs in your "Notices to Correspondents":—

"*Mr. Aveling.*—It is unusual to publish such paragraphs as appear in the *Hackney Gazette* respecting this gentleman."

Allow me to state that the paragraph in question (referring to some testimonials I have obtained) was inserted in the *Hackney Gazette* entirely without my knowledge, and that I have not the slightest idea who forwarded it to you—whether it was sent by some well-meaning but injudicious friend, or by some one who wished to place me in a false position.

I shall feel greatly obliged if you will insert this, as some persons in this neighbourhood have been charitable enough to hint that I forwarded the testimonials to the *Hackney Gazette* myself.

I am, Sir, yours truly,

Amherst-road, September, 1866. CHAS. AVELING.

M.D.—The diploma confers the status of Physician, but not the title of Doctor of Medicine.

Nemo will find that the subject to which he calls our attention is noticed in the present number of THE LANCET.

MENSTRUATION IMMEDIATELY AFTER DELIVERY AND DURING SUCKLING.

To the Editor of THE LANCET.

SIR,—Towards the end of January in this year, Mrs. G. was confined of a fine healthy child. I had been engaged to attend her; but (as is often the case in this district) the affair was got over without my being called in. She recovered well, suckled her child, and *menstruated regularly* every month till the end of June. Then menstruation ceased, and on Thursday last (23rd) I was called in to see her. She had been taken ill in the harvest field with severe labour pains and hæmorrhage. When I arrived at the house, I found she had been delivered of a fœtus, which on examining I found to be (as far as I could surmise) two months old. It was putrid. She has since done well.

The facts, which I afterwards ascertained, striking me as strange, were those of regular menstruation occurring immediately after delivery and during the time the mother was suckling the child. She suckled the child born in January the day before the abortion, and now, to keep the breasts in order, she has resumed it.

Yours very truly,

Stickney, near Boston, Aug. 28th, 1866. F. MAXWELL, M.D.

Mr. J. Wardlaworth.—The Home Secretary would not sanction the exhumation of a body under such circumstances. The Clerk of the Guardians should have acted with more politeness.

NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Would you kindly allow me one word in reply to "Crede Experto"? The medical men in the navy are plainly asking too much, and quite recently many of them repudiated any desire to obtain what they now complain of not getting. When the Report of the Committee was published, a correspondence took place in some of the naval journals, in which it was pointed out that medical officers would get cabin accommodation *next after commanders*, although there might be three civilians in the ship of higher rank. The medical men replied *that they only wished for cabin accommodation according to their relative rank.* Thus the captain, chief engineer, and paymaster—the first necessarily, because ranking first on the list of civilians; the other two, if over fifteen years' standing, and senior to the surgeon—would have prior claims to cabin accommodation. It is unreasonable and unjust to claim what they are now claiming, and the Admiralty will never degrade other officers to please the doctors. It is a pity that young medical men should be hoodwinked by misrepresentations and unjustifiable complaints, and thereby be hindered from joining a service now which they will probably join in a few years' time if let alone.

I am, Sir, yours truly,

Portsmouth, September 4th, 1866. A CIVILIAN, R.N.

Mr. Samuel Stretton.—The patient has a right to change his medical attendant on any ground he chooses to assign. It is not etiquette, however, for a medical practitioner to assume sole charge, and retain it, in the unavoidable absence of a professional brother. The patient should be handed over to his usual medical attendant on his resumption of practice.

A TRUE GUARDIAN OF THE POOR.

To the Editor of THE LANCET.

SIR,—In THE LANCET for last week is a paragraph announcing the death of Mr. Mellard, who was one of the guardians of the Lichfield Union. The circumstances of his death may be interesting to some of your readers, especially union medical officers. He told me my salary was too small, and advised me to apply for an increase, which I did. Subsequently at a special meeting of the Board, after a concise and well-directed speech from Mr. Mellard, in which he proposed an increase (of £10) in my salary, another guardian opposed the proposition in a boisterous manner, and said "that if the medical officer were not satisfied he might resign," &c. Scarcely had this one finished speaking, when Mr. Mellard was observed to turn very pale, and in a minute or two he was a corpse. No doubt over-anxiety to carry his point was the immediate cause of death, the heart having been weak for some time. Had he lived I have reason to believe that about 15 out of 36 would have voted for his proposition. Though unsuccessful, I am not the less grateful to him and to those who took an active part in the matter. Such conduct as that of Mr. Mellard and the other leaders of the movement cannot be too highly appreciated, as I know they were actuated by purely disinterested motives. It shows us that there are many who are anxious to increase our totally inadequate salaries if their uncharitable brethren will permit them. Your obedient servant,

E. T. TIBBITS, M.B. Lond.,
Medical Officer to the Rugeley District of the Lichfield Union.

Rugeley, September 4th, 1866.

P.S.—The particulars of my district are: acreage 15336, population 7700, salary £50.

An Irishman.—Sir Hans Sloane succeeded Sir Isaac Newton as President of the Royal Society, was founder of the British Museum, and President of the Royal College of Physicians. He was an Irishman, having been born at Killileagh, in the north of Ireland, 1660.

DEAFNESS.

To the Editor of THE LANCET.

SIR,—Can any of your correspondents inform me what should be done in the following case?—The patient had fever nine years ago, and has been deaf ever since. There was no visible affection of the ears at the time. She was *entirely* deaf for a fortnight, and then by close application of the person speaking to the side of the ear she could distinguish sounds and words. Such is the case now. Anyone speaking to her must speak close to the ear, though it does not require to make much sound, but distinct utterance allows her to hear words spoken. When she swallows her spittle, she has a crackling in the ears, indicating that the Eustachian tubes are sound and open. She has intense itching in the right ear, and there is no wax, and has been none for years. She has tried many remedies and medical men without effect. Yours truly,

August, 1866. W. R.

G. W., (Bow.)—Certainly not, unless he held an appointment under the Board of Works.

A Sufferer should consult a respectable surgeon. The excessive heat in which our correspondent works is probably the cause.

ABSORBENT PROPERTIES OF COFFEE.

To the Editor of THE LANCET.

SIR,—Having read the letters in your journal on "Coffee as a Disinfectant," I beg to communicate the following fact:—

Some years back, after drinking coffee at breakfast, which I was not in the habit of doing, I was surprised at having headache and nausea, and noticed that it tasted of tobacco; but as chicory was largely used to mix with coffee, I put the headache down to it. Finding several of my patients complained of headache after breakfast, I asked if they drank coffee, and the answer was always in the affirmative. I tried coffee again, and with the same result. On inquiry, I found the coffee came from the same grocer. So I went to the shop, and there I found a barrel of tobacco; the staves of the cask had been removed, and the "nigger-head" or "pig-tail" was diffusing its odour freely. Next to the tobacco was a bag of roasted coffee, which was ground in the shop. That the coffee absorbed the active principle of the tobacco I feel certain of, as on different occasions I have experienced the same effect, and have always borne this in mind in practice, and with success.

I throw out the hint to the profession as one means of accounting for the unpleasant symptoms which occasionally ensue after drinking coffee.

I am, Sir, your obedient servant,

South Hackney, Sept. 3rd, 1866. W. STORY, F.R.C.S. Eng.

INTOLERABLE ITCHING.

To the Editor of THE LANCET.

SIR,—If some of your readers can suggest anything to relieve a case of the most intolerable itching all over the body that ever I saw, they will confer a boon upon the sufferer not soon to be forgotten. He is about forty years of age; has always enjoyed good health until within the last twelve months, when he was taken with itching all over his body, which is greatly increased after washing. It is now so bad as to greatly disturb his rest. He has been seen by many different practitioners, who have, like myself, prescribed in vain. There is not the slightest eruption of any kind, and the only thing is constant itching. He has taken iodurate of potash for over a month; then liquor arsenicalis had a fair trial. To the skin has been applied sulphurous acid lotion, prussic acid lotion, &c. In fact, I have tried everything that I could think of without the least benefit.

Trusting that some person will be able to suggest something to relieve his suffering, I am, Sir, your obedient servant,

Bakewell, September 5th, 1866. JOHN KNOX, M.D.

Omega.—The next number of THE LANCET will be the "Students' Number," and will contain full particulars of the regulations of all the licensing bodies.

Bibliopole, (Sheffield.)—Guy Patin wrote in the front of his books "Guy Patini et Amicorum." Another doctor, not so liberal, prefaced his works with "Sum Martini."

Iatros.—Not legally unless he were registered.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. H. Bennet; Professor Frankland; Dr. Harley; Dr. Hall Davis; Dr. Mapother, Dublin; Dr. Struthers; Mr. Robson; Mr. Aveling; Dr. Tuckett, Abergavenny; Mr. Crennan, Derby; Mr. R. Smith; Mr. Hodgson; Mr. Fletcher, Dudley; Mr. Shedden, Guisborough; Mr. Lovegrove; Mr. Maunsell, Rochester; Dr. Wardleworth, Bury; Mr. Bushell; Mr. Richards; Mr. Fry; Dr. Brown; Mr. Douglas; Mr. Scott; Mr. R. Craven; Mr. Chapman, Louth; Mr. Grant, Portsmouth; Mr. Crowther; Dr. Maclaren, Blairgowrie; Dr. Duckworth; Dr. Bruen; Dr. Black, Oban; Mr. Story, South Hackney; Mr. Harrison; Mr. Collins; Mr. Milner, Cawood; Mr. Butler; Mr. Tilley; Mr. H. Roget; Mr. Foster; Mr. Gorst; Dr. Wiltshire; Mr. Ureil; Dr. Fairbank, Hulme; Dr. Hoyle, Bideford; Mr. Johnstone, Clewer; Mr. Thomson, Balloch; Mr. Boodle; Mr. Barton; Mr. Howell, Burton; Dr. Davies, Southport; Mr. Collier; Mr. Wigleworth; Mr. Scott, Knighton; Mr. Morecambe; Dr. Atkinson, Rochester; Dr. Tibbits; Mr. Meldon; Mr. M'Closkey; Dr. Taylor, Coltishall; Mr. Wilkinson, Stockport; Dr. Reynolds; Mr. Hunt, Hastings; Mr. Hickman; Dr. Banks, Riseby; Mr. Redwood, Rhymney; Dr. Knox, Bakewell; Mr. Broom; Mr. Duncan, Glasgow; Mr. Hopkins; Mr. Waters; Mr. Jessett, Cosham; Mr. C. Bray; Mr. Stannard, Taunton; Dr. Carter, Stockport; Dr. Westley; Dr. Honiberger; Mr. Sandiland; Mr. Hulme; Dr. Rendle; Mr. Edgill, Chorlton; Mr. W. Smith; Mr. Byass, Dorchester; Dr. Williams; Mr. Crofts; Dr. Coghlan; Dr. Thorman; Dr. Saunders; Dr. Edwards, Wivelescombe; Mr. Lawrence; Mr. Cornish, Ootacamund; Dr. Geisaré, Bad-Ems; Dr. D. Johnson; Mr. Drew; Iatros; J. W.; Umbra; Quidam; Acolyte; Semper Vigilans; A Military Enquirer; A Surgeon; A Subscriber; L.S.A.; J. D. M; G. W.; S. S.; A Civilian, R.N.; H. A. B.; W. N.; Justitia; C. G. W.; Fair Play; Ixion; Omega; Nemo; M.D.; G. T.; H. V.; Scrutator; Undergraduate; A Sufferer; Inquirer; &c.

THE *United Service Gazette*, the *Thanet Guardian*, the *Hackney Gazette*, the *Press*, and the *North British Daily Mail* have been received.

Medical Diary of the Week.

Monday, Sept. 10.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Sept. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Sept. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Sept. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Sept. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Sept. 15.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.